

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000002781

**Entity Name:** HERITAGE CHRISTIAN ACADEMY, INC.**Current Principal Place of Business:**244 AVE D SW  
WINTER HAVEN, FL 33880**Current Mailing Address:**P O BOX 819  
WINTER HAVEN, FL 33882-0819 US**FEI Number: 65-1106040****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KEENE, STACIE  
244 AVE D SW  
WINTER HAVEN, FL 33880 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE: STACIE KEENE****03/29/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name WASMUND, PAUL  
Address 225 SHORE DRIVE  
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR  
Name WHITE, RANDALL  
Address 1820 E EDGEWOOD DRIVE  
City-State-Zip: LAKE LAND FL 33803

Title DIRECTOR  
Name HATTON, CAROL  
Address 286 RUBY LAKE LANE  
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR  
Name CASSIDY, GENA  
Address 4103 SHOAL GREEN CT  
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR  
Name HALE, NANCY C  
Address 1215 26TH STREET NW  
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR  
Name JUNKINS, JOHN L  
Address 107 KINSTLE HILL DRIVE  
City-State-Zip: AUBURNDALE FL 33823

Title DIRECTOR  
Name SCOTT, MARCIA L  
Address 701 REFLECTIONS DRIVE  
City-State-Zip: WINTER HAVEN FL 33884

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PAUL WASMUND****DIRECTOR****03/29/2018**

Electronic Signature of Signing Officer/Director Detail

Date