

2017 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

04/06/2017

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 156 LAKE MARIAM ROAD
City-State-Zip: WINTER HAVEN FL 33884

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: AUBURNDAL FL 33823

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

04/06/2017

Electronic Signature of Signing Officer/Director Detail

Date