

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:15

DOCUMENT # 748284 (7)
1. Corporation Name
HEART OF THE CITY FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
106 E CHURCH STREET 106 E CHURCH STREET
ORLANDO FL 32801 ORLANDO FL 32801

3. Date Incorporated or Qualified 07/31/1979	3a. Date of Last Report 02/02/1994
4. FEI Number 59-1940285	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	20. Mailing Address Suite, Apt. #, etc. City & State Zip	22. Principal Place of Business Country	20. Mailing Address Country
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9. Name and Address of Current Registered Agent
MCKENNEY, BEN L.
106 EAST CHURCH ST
ORLANDO FL 32301

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 Zip Code
				FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	HAMES, LAURENCE
STREET ADDRESS	420 COVEY COVE
CITY - ST - ZIP	WINTER PARK FL
TITLE	T
NAME	LAWTON, WILLIAM
STREET ADDRESS	670 LAKE SUE AVE.
CITY - ST - ZIP	WINTER PARK FL
TITLE	T
NAME	BALL, CLINTON
STREET ADDRESS	2628 AARDSLEY DR.
CITY - ST - ZIP	ORLANDO FL
TITLE	T
NAME	BROWN, DONALD E.
STREET ADDRESS	1031 W. MORSE BLVD. SUITE 100
CITY - ST - ZIP	WINTERPARK FL
TITLE	T
NAME	STERCHI, ELIZABETH A.
STREET ADDRESS	910 VENTURA AVENUE
CITY - ST - ZIP	ORLANDO, FL 00000
TITLE	TS
NAME	HURT, BETTY JO
STREET ADDRESS	328 JASMINE AVE
CITY - ST - ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	32789
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	32789
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2628 Aardsley Dr
3.4 CITY - ST - ZIP	32804
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	32789
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	32804
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	32806

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; that the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *[Signature]* 1-12-95 423-3441
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OF DIRECTOR DATE (Type in block)

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ADDITIONAL TRUSTEES FOR THE HEART OF THE CITY FOUNDATION, INC.

TR
COTTRILL, CHRISTOPHER
2411 LAKE SHORE DRIVE
ORLANDO, FL. 32803

TR, P
NEEDHAM, DANIEL
5343 JADE CIRCLE
ORLANDO, FL. 32812

TR
FLEMING, GARY
2056 SUE HARBOR COVE
ORLANDO, FL. 32803

TR
CLAYTON, CRAIG
3200 LAKE SHORE DRIVE
ORLANDO, FL. 32803

TR
AUSLEY, PAUL
3219 LAKE ANDERSON DR.
ORLANDO, FL. 32812