

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 748284 (7)

1. Corporation Name

HEART OF THE CITY FOUNDATION, INC.



Principal Place of Business

Mailing Address

106 E CHURCH STREET
ORLANDO FL 32801

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ORLANDO FL 32801

3. Date Incorporated or Qualified

07/31/1979

3a. Date of Last Report

01/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1940285

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKENNEY, BEN L.
106 EAST CHURCH ST
ORLANDO FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input type="checkbox"/> DELETE
NAME	HAMES, LAURENCE	
STREET ADDRESS	420 COVEY COVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LAWTON, WILLIAM	
STREET ADDRESS	670 LAKE SUE AVE.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BALL, CLINTON	
STREET ADDRESS	2628 ARDSLEY DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BROWN, DONALD E.	
STREET ADDRESS	1031 W. MORSE BLVD. SUITE 100	
CITY-ST-ZIP	WINTERPARK FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STERCHI, ELIZABETH A.	
STREET ADDRESS	910 VENTURA AVENUE	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	HURT, BETTY JO	
STREET ADDRESS	326 JASMINE AVE	
CITY-ST-ZIP	ORLANDO FL	

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Corrill, Chris	
1.3 STREET ADDRESS	2411 Lake shore Dr.	
1.4 CITY-ST-ZIP	ORLANDO, FL. 32803	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NEEDHAM, DAN	
2.3 STREET ADDRESS	5443 Jade Circle	
2.4 CITY-ST-ZIP	Orlando, FL. 32812	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PIENING, GARY	
3.3 STREET ADDRESS	2056 SUE HARBOR COVE	
3.4 CITY-ST-ZIP	ORLANDO, FL. 32803	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CLAYTON, CRAIG	
4.3 STREET ADDRESS	3200 LAKE SHORE DR.	
4.4 CITY-ST-ZIP	ORLANDO, FL. 32803	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ausley, PAUL	
5.3 STREET ADDRESS	3219 LAKE ANDERSON DR.	
5.4 CITY-ST-ZIP	ORLANDO, FL. 32812	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(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 or 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: *BEN L. MCKENNEY* BEN L. MCKENNEY 1-23-96 (407) 923-3441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)