

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 106 E CHURCH STREET ORLANDO FL 32801-3341

3. Date Incorporated or Qualified 07/31/1979 3a. Date of Last Report 02/01/1996
4. FEI Number 59-1940285 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 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 32801
32801

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	T HAMES, LAURENCE
STREET ADDRESS	420 COVEY COVE 100 OAKLEIGH DR.
CITY-ST-ZIP	WINTER PARK FL MAITLAND, FL 32751
TITLE	<input type="checkbox"/> DELETE
NAME	T LAWTON, WILLIAM
STREET ADDRESS	670 LAKE SUE AVE.
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	<input type="checkbox"/> DELETE
NAME	T BALL, CLINTON
STREET ADDRESS	2628 ARDSLEY DR
CITY-ST-ZIP	ORLANDO FL 32804
TITLE	<input type="checkbox"/> DELETE
NAME	T BROWN, DONALD E.
STREET ADDRESS	1031 W. MORSE BLVD. SUITE 100
CITY-ST-ZIP	WINTERPARK FL 32789
TITLE	<input type="checkbox"/> DELETE
NAME	T STERCHI, ELIZABETH A.
STREET ADDRESS	910 VENTURA AVENUE
CITY-ST-ZIP	ORLANDO, FL 00000 32804
TITLE	<input type="checkbox"/> DELETE
NAME	TS HURT, BETTY JO
STREET ADDRESS	326 JASMINE AVE
CITY-ST-ZIP	ORLANDO FL 32806

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	T COTTRILL, CHRIS
1.3 STREET ADDRESS	110 E. HILLCREST ST.
1.4 CITY-ST-ZIP	ORLANDO, FL 32801
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	T NEEDHAM, DAN
2.3 STREET ADDRESS	5343 SADE CIRCLE
2.4 CITY-ST-ZIP	ORLANDO, FL 32812
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	T FLEMING, GARY
3.3 STREET ADDRESS	2036 SUE HARBOR COVE
3.4 CITY-ST-ZIP	ORLANDO, FL 32813
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T CLAYTON, CAROL
4.3 STREET ADDRESS	3200 LAKE SHAW DR.
4.4 CITY-ST-ZIP	ORLANDO, FL 32813
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	T ANSLEY, PAUL
5.3 STREET ADDRESS	3219 LAKE ANDREW DR.
5.4 CITY-ST-ZIP	ORLANDO, FL 32812
6.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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: *[Signature]* x 1-7-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0016010

CR2E037 (9/96)