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Feb 27, 1999 8:00 am
Secretary of State

0016328

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-27-1999 90015 037 ****61.25

DOCUMENT # 748284

1. Corporation Name

HEART OF THE CITY FOUNDATION, INC.

Principal Place of Business

106 E CHURCH STREET
 ORLANDO FL 32801

Mailing Address

106 E CHURCH STREET
 ORLANDO FL 32801



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

07/31/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
 59-1940285

Applied For
 Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be Added to Fees

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMES, LAURENCE	1.2 NAME	James, Lawrence
STREET ADDRESS	420 COVEY COVE	1.3 STREET ADDRESS	100 OAKLEIGH DR.
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEEDHAM, DANIEL	2.2 NAME	Miller, Thomas
STREET ADDRESS	5343 JAOP CIR <i>Jape</i>	2.3 STREET ADDRESS	1001 FEMALE GRAVE
CITY-ST-ZIP	ORLANDO FL 32812	2.4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALL, CLINTON	3.2 NAME	BALL, CLINTON
STREET ADDRESS	100 OAKLEIGH DR	3.3 STREET ADDRESS	2628 ARDEN DR.
CITY-ST-ZIP	MAITLAND FL	3.4 CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, DONALD E.	4.2 NAME	McLEOD, DAVID
STREET ADDRESS	1429 EDGEWATER DR <i>1127</i>	4.3 STREET ADDRESS	930 N. TEXAS AVE-
CITY-ST-ZIP	ORLANDO FL 32804	4.4 CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STERCHI, ELIZABETH A.	5.2 NAME	CLAYTON CRAIG
STREET ADDRESS	910 VENTURA AVENUE	5.3 STREET ADDRESS	3200 LAKE SHORE DR.
CITY-ST-ZIP	ORLANDO, FL 00000 32804	5.4 CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	TS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HURT, BETTY JO	6.2 NAME	BRANNON, CAROL
STREET ADDRESS	326 JASMINE AVE <i>1500 LANCASTER DR.</i>	6.3 STREET ADDRESS	1109 ARUBA DR.
CITY-ST-ZIP	ORLANDO FL <i>32806</i>	6.4 CITY-ST-ZIP	ORLANDO FL 32803

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99

Date Daytime Phone #

CR2E037 (11/98)