## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

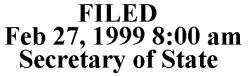
## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 748284

1. Corporation Name

HEART OF THE CITY FOUNDATION, INC.



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

Principal Place of Business Mailing Address							. :	*	
106 E CHURCH	1 STREET	106 E CHURCH STREET	a contract to the contract to						
ORLANDO FL	32901	ORLANDO FL 32801							
						INU: INII) ESEL BINII AIA	)	***************************************	
								i i i i i i i i i i i i i i i i i i i	
		Los Nelles Address		<del></del>	3. Data Incorporated or O	aliford		<del> </del>	
2. Principal P	lace of Business	2a. Mailing Address	Malling Address			3. Date Incorporated or Qualifed 07/31/1979			
21		26			4. FEI Number Applied For				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59-1940285	•	<del></del>		
22	·	27			39 1940203	·		t Applicable.	
City & Stat	е	City & State			5. Certifcate of Status Des	ired 🔲 .	\$8.75	Additional	
23		28				<u> </u>		<del>`</del>	
Zip	Country	Zip	Country	'	6. Election Campaign Fina	ncing	\$5.00		
24	25	29 30	<u> </u>		, Trust Fund Contribution	N	Added t	O Fees	
	9. Name and Address of Current	Registered Agent		1	10. Name and Address of	New Registered	Agent		
			81	Name					
MCKENNEY, BEN L.				Street	Address (P.O. Box Number is Not A	cceptable)			
	CHURCH ST								
ORLANDO			83						
OHENINDO	16 32001		<u></u>	0.4		·	les Zin (	Code	
			84	City		FL	85   Zip (	3008	
11 Ourmant	to the provisions of Sections 617 0502	and 617 1508 Florida Statutes	the abov	e-named	corporation submits this statement	for the purpose of	changing its	registered	
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 a	m familiar with, and accept the obligation	ons of, Section 617.0503, Florida	Statutes	i.				. }	
SIGNATURE					and the relation	DATE			
	Signature, typed or printed name of registered agent		13.	nt sagnature r	equired when reinstating) ADDITIONS/CHANGES		D DIRECTO	RS IN 12.	
12.	OFFICERS AND	DELETE	1.1 TITLE		-		Change	Addition	
TITLE	LIAMED LAUDENCE	_ beer ie			Hames Laveence		•		
NAME	HAMES, LAURENCE		1.2 NAME				•	, - =	
STREET ADDRESS	420 COVEY COVE		1.3 STREE	T ADDRESS	100 CAKIEIGH DR.				
CITY-ST-ZIP	WINTER, PARK FL		1.4 CITY-S	T-ZIP	MATTAND, A. 327	51	Change	Addition	
TITLE	Ŧ	☐ DELETE	2.1 TITLE				Citalia	Addition	
NAME	NEEDHAM, DANIEL		2.2 NAME		Miller Thomas				
STREET ADDRESS	5343 JAOE CIR →Ape		2.3 STREE	T ADDRESS	1001 TEMPLE GRAVE				
CITY-ST-ZIP	ORLANDO FL 32812		2. 4 CITY-5	ST-ZIP	WINTER PORK R. 32	789			
TITLE	T	☐ DELETE	3.1 TITLE		7.		Change	Addition	
NAME	BALL, CLINTON		3.2 NAME		BALL, CLINTON		•	·	
STREET ADDRESS	100 OAKLEIGH DR		3.3 STREE	TADORESS	BALL, CLINTUN 2628 AROSIEN DR.		•		
CITY-ST-ZIP	MAITLAND FL		3.4. CITY-5	ST-ZIP	ORIANOS, R. 32804				
TITLE	T	☐ DELETE	4.1 TITLE		·	-	Change	Addition	
NAME	BROWN, DONALD E.	_	4. 2 NAME		miceos, Davio	•			
	1+29 EDGEWATER DR 1/27	).		TADDRESS	930 N. TEXAS AVE-	•	•		
STREET ADDRESS	ORLANDO FL 32804				URIANDO, A. 32804				
CITY-ST-ZIP	T T T T T T T T T T T T T T T T T T T	☐ DELETE	4.4 CITY-S	I-ZIP	J. 5140 1		Change	Addition	
TITLE	OTEDONII ENZABETNI A	M DECE IE	5.1 TITLE 5.2 NAME		CLAYTON CRAIG		,	***	
NAME	STERCHI, ELIZABETH A.		Į.	T ADDRESS	3200 LAKE ShoRE	De ·			
STREET ADDRESS	910 VENTURA AVENUE								
C/TY-ST-Z/P	ORLANDO, FL 00000 3280		5.4 CITY-S	II-ZIP	ORGANDO, R. 3280	<u>ح</u>	Change	Addition	
TITLE	TS	☐ DELETE	6.1 TITLE		Tanaday Carri	,	∐ change	Addition	
NAME	HURT, BETTY JO		6.2 NAME		BRANNON, CAROL				
STREET ADDRESS	326 JASMINE AVE (500 (	ANCASTOR UR.	6.3 STREE	TADORESS	1109 ARUBADR.				
CITY-ST-ZIP	ORLANDO FL 32806		6.4 CITY-S	T-ZIP	Decemon fr 3280	3			

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 of 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 frustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an address, with an other like empowered.

**V** SIGNATURE:

HIGHATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11