2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748284

Address:

City-St-Zip:

570 IVANHOE PLZ

ORLANDO, FL 32801

FILED Mar 10, 2008 Secretary of State

Entity Name: HEART OF THE CITY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 106 E CHURCH STREET ORLANDO, FL 32801 **Current Mailing Address: New Mailing Address:** 106 E CHURCH STREET ORLANDO, FL 32801 FEI Number: 59-1940285 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WRIGHT, KEITH D D 106 EAST CHURCH ST ORLANDO, FL 32801 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BROWN, DONALD E BROWN, DONALD E Name: Name: 1127 EDGEWATER DR Address: 1127 EDGEWATER DR Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ORLANDO, FL 32804 Title: () Delete Title: () Change () Addition CLAYTON, CRAIG H Name: Name: Address: 3200 LAKE SHORE DR. Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: Title: () Delete Title: (X) Change () Addition TAYLOR, KEVIN T Name: TAYLOR, KEVIN T Name: 3544 GOLFVIEW BLVD 3544 GOLFVIEW BLVD Address: Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ORLANDO, FL 32804 Title: () Delete Title: () Change () Addition Name: MILLER, DAVID C Name: Address: 527 PALMER ST. Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: Title: () Delete Title: (X) Change () Addition STERCHI, ELIZABETH A WILDER, BRENT Name: Name: 910 VENTURA AVENUE 1249 NORWOOD PL. Address: Address: City-St-Zip: ORLANDO, FL City-St-Zip: ORLANDO, FL 32804 Title: () Delete Title: () Change () Addition HEINE, JOANN Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ADRIENNE EVANS DIR. 03/10/2008