## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # 709000  1. Entity Name FLORIDA HERITAGE FOUNDATION, INCORPORATED					05-01-20	08 90213 01	.4 ****6	1.25	
Principal Place of Business Mailing Address 423 E. VIRGINIA ST. PO BOX 793 TALLAHASSEE, FL 32302 US TALLAHASSEE, FL 32302 US			. US	3 1000111 10004 200	115 12111 22111 22111	Mail Miell Affil Affil	21861 <b>21</b> 811 2181	H <b>P: 81 188</b> 1	
Principal Place of Business - No P.O. Box #     3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302008	Chg-NP	CR2E037	7 (12/06)		
City & State		City & State		4. FEI Number 59-18004	126			plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of	Status Desire		8.75 Add ee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BROWN, JONATHAN P			Name						
346 OFFICE PLAZA DR. TALLAHASSEE, FL. 32312			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
3230/			City	· · · ·			Zip Code		
	, , , , , , , , , , , , , , , , , , ,		City			FL		301	
	named entity submits this statement to ions of registered agent.	r the purpose of changing its reg	gistered office or regis	tered agent, or both,	in the State of	f Florida. I am fa	emiliar with:	end accorpt	
SIGNATURE									
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature requi	ired when reinstating)		DATE			
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be Added to Fees	F	Make check lorida Departi			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN P. Brown SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850 -681 - 633 2 Daytime Phone #