

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709000

FILED
Feb 19, 2009
Secretary of State

Entity Name: FLORIDA HERITAGE FOUNDATION, INCORPORATED

Current Principal Place of Business:

423 E. VIRGINIA ST.
TALLAHASSEE, FL 32302 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 793
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-1800426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, JONATHAN P
346 OFFICE PLAZA DR.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Title: VPD () Delete
Name: PHIPPS, JARRETT
Address: 2065 W FOREST DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: PD () Delete
Name: BIDLINGMAIER, ANN E
Address: 1920 HARRIET DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD () Delete
Name: COOK, MARGARET
Address: 8014 ARCHER CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: POLLOCK, DORIS E
Address: 3465 CEDAR LANE DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD () Delete
Name: BROWN, JONATHAN P
Address: 346 OFFICE PLAZA DR.
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JONATHAN P. BROWN

TD

02/19/2009

Electronic Signature of Signing Officer or Director

Date