


FILE NOW: FILING FEE IS \$61.25

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Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90012 031 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 744946					
1. Corporation Name WORLD SALT FOUNDATION, INC.					
Principal Place of Business 2003 BAKER AVE P O BOX 2209 HAINES CITY FL 33845-209 US			Mailing Address P O BOX 2209 HAINES CITY FL 33845-209 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/15/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1892298	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
HEIM, ROGER G 2003 BAKER AVE P O BOX 2209 HAINES CITY FL 33845-2209			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 PD <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME HEIM, ROGER G.			1.2 NAME		
STREET ADDRESS 2003 BAKER AVE			1.3 STREET ADDRESS		
CITY-ST-ZIP HAINES CITY FL 09			1.4 CITY-ST-ZIP		
TITLE CD <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME BARNES, LYNDEL C.			2.2 NAME		
STREET ADDRESS 1440 HOLLY BRACH RD			2.3 STREET ADDRESS		
CITY-ST-ZIP GREENVILLE NC 27858			2.4 CITY-ST-ZIP		
TITLE TD <input checked="" type="checkbox"/> DELETE			3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME POWERS, J. EUGENE			3.2 NAME		
STREET ADDRESS 216 OAK STREET			3.3 STREET ADDRESS		
CITY-ST-ZIP HOGANSVILLE GA			3.4 CITY-ST-ZIP		
TITLE VD <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME TAYLOR, JOHN W.			4.2 NAME		
STREET ADDRESS 4626 GROVECREST DR.			4.3 STREET ADDRESS		
CITY-ST-ZIP LAKELAND FL			4.4 CITY-ST-ZIP		
TITLE SD <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MAY, ALBERT C JR			5.2 NAME		
STREET ADDRESS 240 HARBISON RD			5.3 STREET ADDRESS		
CITY-ST-ZIP SARVER PA			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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:  REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99 (941) 422-9191
Date Daytime Phone #

0057888

CR2E037-141/981