


**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90100 014 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 755582</b>					
1. Corporation Name <b>THE WINTER HAVEN FOUNDATION, INC.</b>					
Principal Place of Business <b>401 AVE. B. NW</b> <b>WINTER HAVEN FL 33881</b>			Mailing Address <b>P.O. BOX 1420</b> <b>WINTER HAVEN FL 33882-1420</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/17/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2126237	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
30		31		32	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS			
TITLE	P	<input checked="" type="checkbox"/> DELETE	
NAME	JOHN (DR.), STEWART		
STREET ADDRESS	1103 CYPRESS POINT DR., SE.		
CITY-ST-ZIP	WINTER HAVEN FL 33884		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	WILLIAM, DOTY		
STREET ADDRESS	299 8TH STREET, SW.		
CITY-ST-ZIP	WINTER HAVEN FL 33880-3281		
TITLE	S	<input checked="" type="checkbox"/> DELETE	
NAME	COWAN, REX P		
STREET ADDRESS	505 AVENUE A, NW		
CITY-ST-ZIP	WINTER HAVEN FL 33881-4650		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	CRISS, CHARLES		
STREET ADDRESS	312 NIBLUCK CIRCLE		
CITY-ST-ZIP	WINTER HAVEN FL 33881		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	SATERBO, EDITH		
STREET ADDRESS	2928 PLANTATION ROAD		
CITY-ST-ZIP	WINTER HAVEN FL 33884		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	SOLDO, M.J.		
STREET ADDRESS	82 JENNI ASHLEY COURT		
CITY-ST-ZIP	WINTER HAVEN FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	JUDY B. CLEAVES		
1.3 STREET ADDRESS	311 THIRD STREET, NW		
1.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
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)(l), 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 agreement with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BOB GERNERT JR.  
 JUDY B. CLEAVES

2-19-99

941-293-2138

Date

Daytime Phone #

CR2E037 (1/98)