

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90114 013 \*\*\*\*61.25

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01082007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # F06000000570</b> 1. Entity Name <b>NATIONAL HERITAGE FOUNDATION, INC.</b>					
Principal Place of Business <b>6201 LEESBURG PIKE STE. 405 FALLS CHURCH, VA 22044</b>			Mailing Address <b>6201 LEESBURG PIKE STE. 405 FALLS CHURCH, VA 22044</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>58-2085326</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>HOUK, JOHN T III 7604 HELENA DRIVE FALLS CHURCH, VA 22043</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <b>HOUK, JULIE 7604 HELENA DRIVE FALLS CHURCH, VA 22043</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <b>HOUK, MARIAN 6218 BEACHWAY DR. FALLS CHURCH, VA 22041</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C <b>FENTON, DANA C 6201 LEESBURG PIKE, STE. 405 FALLS CHURCH, VA 22044</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>GILL, JONATHAN M 6201 LEESBURG PIKE, STE. 405 FALLS CHURCH, VA 22044</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>THIBONDEAUX, TOD ALAN 1884 N. PATRICK HENRY DR. FALLS CHURCH, VA 22205</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President <b>Jan Ridgely 6201 Leesburg, Ste. 405 Falls Church, VA 22043</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> _____ <i>PROS</i> <span style="float: right;">1/11/07 8009864483</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> <div style="text-align: center; margin-top: 10px;"> <b>JOHN T. HOUK</b> </div>					