2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000570

FILED Jan 16, 2008 Secretary of State

Entity Name: NATIONAL HERITAGE FOUNDATION, INC.

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	SBURG PIKE				
STE. 405 FALLS CH	IURCH, VA 220)44			
urrent N	lailing Address	s:	New Mailing Addr	ress:	
TE. 405	SBURG PIKE HURCH, VA 220	044			
	: 58-2085326	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
ame and	d Address of C	urrent Registered Agent:	Name and Addres	s of New Registered Agent:	
200 SOL	PORATION SYS ITH PINE ISLAN ION, FL 33324				
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both	
IGNATU	RE:				
	Electroni	c Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
itle: ame: ddress: ity-St-Zip:	P () HOUK, JOHN T I 7604 HELENA D FALLS CHURCH	RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
tle: ame: ddress: ity-St-Zip:	VP () RIDGELY, JAN 6201 LEESBURG FALLS CHURCH		Title: Name: Address: City-St-Zip:	() Change () Addition	
ity Ot Zip.		Doloto	Title:	() Change () Addition	
tle: ame: ddress:	T () HOUK, MARIAN 6218 BEACHWA FALLS CHURCH	Y DR.	Name: Address: City-St-Zip:	() Shange () / Nation	
tle: ame: ddress: ity-St-Zip: tle: ame: ddress:	HOUK, MARIAN 6218 BEACHWA FALLS CHURCH C () FENTON, DANA	.Y DR. I, VA 22041 Delete C 3 PIKE, STE. 405	Name: Address:	() Change () Addition	
tle: ame: ddress: ity-St-Zip: tle: aame: ddress: ity-St-Zip: tle: ame: ddress: ity-St-Zip:	HOUK, MARIAN 6218 BEACHWA FALLS CHURCH C () FENTON, DANA 6201 LEESBURG FALLS CHURCH D () GILL, JONATHAI	LY DR. I, VA 22041 Delete C G PIKE, STE. 405 I, VA 22044 Delete N M G PIKE, STE. 405	Name: Address: City-St-Zip: Title: Name: Address:	., .	

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: LISA A. WEIMHOLD REP. 01/16/2008