

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90309 043 ****61.25

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1. Entity Name
THE HEIGHTS FOUNDATION, INC.

Principal Place of Business
 15775 PINE RIDGE ROAD
 FORT MYERS, FL 33908

Mailing Address
 15775 PINE RIDGE ROAD
 FORT MYERS, FL 33908

94049600



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
 65-1003872

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLY, KATHRYN
 15775 PINE RIDGE ROAD
 FORT MYERS, FL 33908

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **VPD** Delete
 NAME **GRAHAM, BONNIE**
 STREET ADDRESS **861 CYPRESS LAKE CIRCLE**
 CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE **SD** Delete
 NAME **BOSSCHER, GAYLE**
 STREET ADDRESS **5769 BEECHWOOD TRAIL**
 CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **TD** Delete
 NAME **CASE, TOM**
 STREET ADDRESS **18451 MCGREGOR BLVD #29**
 CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Treasurer** Change Addition
 NAME **Charles Ingram**
 STREET ADDRESS **13205 Hampton Park Court**
 CITY-ST-ZIP **Fort Myers, FL 33913**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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.

SIGNATURE:

Kathy Kelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04 (239) 482-7706

Date

Daytime Phone #