2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

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1. Entity Name
THE MICHAEL G. HEISER FOUNDATION FOR THE REMEMBRANCE OF VICTIMS OF TERRORISM, INC.

Principal Place of Business	Mailing Address
10 LIVE OAK LANE PALM COAST, FL 32137	10 LIVE OAK LANE PALM COAST, FL 32137

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03282006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3670526

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MURTAGH, JOE
14 WAVECREST PL
PALM COAST, FL 32167

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HEISER, GARY
STREET ADDRESS	10 LIVE OAK LANE
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	D
NAME	HEISER, FRAN
STREET ADDRESS	10 LIVE OAK LANE
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	D
NAME	SHERWOOD, GARY L
STREET ADDRESS	10238 JAMES RIVER ROAD
CITY-ST-ZIP	SHIPMAN, VA 22974
TITLE	D
NAME	KEITH, LINDA F
STREET ADDRESS	10 BEACH ST
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	D
NAME	BAKER, PAUL
STREET ADDRESS	6112 OXBOW BEND LANE
CITY-ST-ZIP	PORT ORANGE, FL 32128
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/06-80064-016 61.25

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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.

SIGNATURE: Gary Heiser 3/30/2006 386 445-2254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #