

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 21, 2008
Secretary of State

DOCUMENT# N00000003280

Entity Name: THE HEISER FOUNDATION, INC.**Current Principal Place of Business:**10 LIVE OAK LANE
PALM COAST, FL 32137**New Principal Place of Business:****Current Mailing Address:**10 LIVE OAK LANE
PALM COAST, FL 32137**New Mailing Address:****FEI Number:** 59-3670526**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MURTAGH, JOE
14 WAVECREST PL
PALM COAST, FL 32167 US**Name and Address of New Registered Agent:**MURTAGH, JOE
14 WAVECREST PL
PALM COAST, FL 32164 US

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.

SIGNATURE: _____

07/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: HEISER, FRAN
Address: 10 LIVE OAK LANE
City-St-Zip: PALM COAST, FL 32137**Title:** D () Delete
Name: SHERWOOD, GARY L
Address: 10238 JAMES RIVER ROAD
City-St-Zip: SHIPMAN, VA 22974**Title:** D () Delete
Name: KEITH, LINDA F
Address: 10 BEACH ST
City-St-Zip: SAINT AUGUSTINE, FL 32080**Title:** D () Delete
Name: BAKER, PAUL
Address: 6112 OXBOW BEND LANE
City-St-Zip: PORT ORANGE, FL 32128**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** O (X) Change () Addition
Name: HEISER, FRAN
Address: 10 LIVE OAK LANE
City-St-Zip: PALM COAST, FL 32137**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: WITT, ROB
Address: 2483 CYPRESS TRACE CIRCLE
City-St-Zip: ORLANDO, FL 32825

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: FRANCES N HEISER

PRES

07/21/2008

Electronic Signature of Signing Officer or Director

Date