

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003280

FILED
Mar 08, 2009
Secretary of State

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 32164 US

Name and Address of New Registered Agent:

MURTAGH, JOE H
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: FRAN HEISER

03/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: O () 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: D () Delete
Name: WITT, ROB
Address: 2483 CYPRESS TRACE CIRCLE
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: HEISER, FRAN H
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: D (X) Change () Addition
Name: BAKER, PAUL H
Address: 6112 OXBOW BEND LANE
City-St-Zip: PORT ORANGE, FL 32128

Title: D (X) Change () Addition
Name: WITT, ROB H
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: FRAN HEISER

MM

03/08/2009

Electronic Signature of Signing Officer or Director

Date