## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # N00000003557 1. Entity Name 02-07-2006 90030 011 \*\*\*\*61.25 THE HEASTER FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address 555 W. GRANADA BLVD. 555 W. GRANADA BLVD. ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 2. Principal Place of Business 3. Mailing Address 700 W. GRANADA BLID. 220 FRAMADA Suite, Apt. #, etc. 1st MOORE CB2E037 (10/05) SUSTE SUITE Applied For City & State City & State 4. FEI Number FL 59-3648220 *ONMAND* OMBIAD Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32/24 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CROTTY, KATHY ESQ. Street Address (P.O. Box Number is Not Acceptable) 1800 W. INTERNATIONAL SPEEDWAY BLVD. BLDG2 **STE 202** DAYTONA BEACH FL 32114 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 \$5.00 May Be 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change TITLE TITLE Addition - Delete HEASTER, BARBAREE R NAME NAME STREET ADDRESS 555 W. GRANADA BLVD. STREET ADDRESS BEACH - FL - 32174 CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-\$1-ZIP ■ Addition TITLE TITLE Change Pelete AGMMANA 700 HEASTER, HAROLD NAME NAME **グリエても** 555 W. GRANADA BLVD. STREET ADDRESS STREET ADDRESS GUMBUS BEACH- FL- 32124 CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP Addition TITLE Change TITLE 't== Deléte' HEASTER, LEWIS M NAME **SUITE** STREET ADDRESS 555 W. GRANADA BLVD. STREET ADDRESS CITY-ST-7IP ORMOND BEACH FL 32174 CITY-ST-ZIP BEACH- FL. JUNY Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 emp-

FILED

Feb 07, 2006 8:00 am