

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000355

FILED  
Apr 02, 2005  
Secretary of State

**Entity Name:** ROCKLEDGE HERITAGE FOUNDATION, INC.

**Current Principal Place of Business:**

1600 HUNTINGTON LANE  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

11 ORANGE AVE  
ROCKLEDGE, FL 32955

**New Mailing Address:**

**FEI Number:** 59-3757184

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MINICLIER, JOSEPH E  
1600 HUNTINGTON LANE  
ROCKLEDGE, FL 32955 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: SISCO, EARL  
Address: 1810 LIVE OAK DR.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: LAMARR, RENE  
Address: 1323 HERITAGE ACRES BLVD.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: FORREST, AMBER  
Address: 18 ROCKLEDGE AVE.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: MITSKEVICH, AMANDA  
Address: 27 BARTON AVE.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: POPE, CAROLE  
Address: 715 ROCKLEDGE DR.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: SEAGE, JAN  
Address: 27 BURLINGTON AVE.  
City-St-Zip: ROCKLEDGE, FL 32955

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AMBER FORREST

D

04/02/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date