2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N01000000355

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:	P	( ) Delete
Name:	SISCO, EARL	
Address:	1810 LIVE OAK DR.	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	T	( ) Delete
Name:	LAMARR, RENE	
Address:	1323 HERITAGE ACRES BLVD.	
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:	1025 ROCKLEDGE DR #501	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	S	( ) Delete
Name:	HEAD, JENNIFER	
Address:	915 BRUNSWICK PL	
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:	S	(X) Change ( ) Addition
Name:	STITES, JENNIFER	
Address:	915 BRUNSWICK PL	
City-St-Zip:	ROCKLEDGE, FL 32955	

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: RENE LAMARR T 01/16/2009
Electronic Signature of Signing Officer or Director — Date