

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

10/1/2004-90001-020-\$61.25-\$61.25

FILED

04 OCT -8 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E037 (4/04)

<b>DOCUMENT # N03000002740</b>					
<b>1. Entity Name</b> THE HERITAGE FOUNDATION OF THE GADSDEN COUNTY AREA INC.					
<b>Principal Place of Business</b> 204 NW 2ND ST. HAVANA FL 32333 US			<b>Mailing Address</b> 204 NW 2ND ST. HAVANA FL 32333 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 57-1186976	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> GREGORY, WAYNE H 204 NW 2ND ST HAVANA FL 32303				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE					
<b>FILE NOW: FEE IS \$61.25</b> Due By September 8, 2004 OCT		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P, T GREGORY, WAYNE H 204 NW 2ND ST HAVANA FL 32333		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP RODBY, DEBORAH A 705-B POINTE CT. TALLAHASSEE FL 32308		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S WHITNEY, LE 100 CALL ST. TALLAHASSEE FL 32308		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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 empowered.</b>					
<b>SIGNATURE:</b> <i>Wayne H Gregory</i> - WAYNE H GREGORY 9-29-04 (850) 539-6343					