

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90064 005 ****61.25

DOCUMENT # N03000002740

1. Entity Name

**THE HERITAGE FOUNDATION OF THE GADSDEN COUNTY
AREA INC.**



Principal Place of Business

204 NW 2ND ST.
HAVANA FL 32333
US

Mailing Address

204 NW 2ND ST.
HAVANA FL 32333
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (5/05)

4. FEI Number

57-1186976

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREGORY, WAYNE H
204 NW 2ND ST
HAVANA FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. P, T OFFICERS AND DIRECTORS

TITLE NAME GREGORY, WAYNE H ☐ Delete
STREET ADDRESS 204 NW 2ND ST
CITY- ST- ZIP HAVANA FL 32333
VP

TITLE NAME ~~ROBBY, DEBORAH A~~ ☒ Delete
STREET ADDRESS ~~705-B POINTE CT.~~
CITY- ST- ZIP ~~TALLAHASSEE FL 32303~~

TITLE NAME WHITNEY, LE ☐ Delete
STREET ADDRESS 100 CALL ST.
CITY- ST- ZIP TALLAHASSEE FL 32308

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME **V.P. MILKEY DWYER** ☒ Change ☐ Addition
STREET ADDRESS **310 WILKINSON ST.**
CITY- ST- ZIP **TALLAHASSEE, FL. 32310**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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.

SIGNATURE: **WAYNE H GREGORY** 8-31-05 (850) 539-6343