2006 NOT-FOR-PROF!T CORPORATION ANNUAL REPORT (AR)

Aug 21, 2006 8:00 am Secretary of State DOCUMENT # N03000002740 08-21-2006 90005 039 ****61.25 THE HERITAGE FOUNDATION OF THE GADSDEN COUNTY AREA INC. Principal Place of Business Mailing Address 204 NW 2ND ST. HAVANA FL 32333 204 NW 2ND ST. HAVANA FL 32333 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 57-1186976 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREGORY, WAYNE:H Street Address (P.O. Box Number is Not Acceptable) 204 NW 2ND ST HAVANA FL 32303 🖫 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1; 2006 \Box Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE ☐ Change Addition GREGORY, WAYNE H NAME NAME 204 NW 2ND ST STREET ADDRESS STREET ADDRESS HAVANA FL 32333 CITY-ST-ZIP CITY-ST-7/P VΡ TITLE TITLE Brenda Meyer 477 Gould Rd Quincy, FL 323 NAME NAME 310 WILKINSON ST STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32310 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE Addition Ruby mcAllister POBOX 705 WHITNEY NAME NAME STREET ADDRESS 100 CALL ST. STREET ADDRESS Chattationchee, FL. 32324 CITY - ST- ZIP PALLAHASSEE FL 32308 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition

FILED

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 empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

- WAYNE H. GREGORY 8-16-06/(850) 539-6343