



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90200 035 \*\*\*\*61.25

<b>DOCUMENT # N04000006255</b> 1. Entity Name <b>FLORIDA HERITAGE-ART FUND, INC.</b>					
Principal Place of Business <b>3998 C.R. 309</b> <b>LAKE PANASOFFKEE, FL 33538 US</b>				Mailing Address <b>P.O. BOX 1478</b> <b>LAKE PANASOFFKEE, FL 33538 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 761</b>  Suite, Apt. #, etc.			
City & State <b>LAKE PANASOFFKEE, FL</b>		City & State <b>LAKE PANASOFFKEE, FL</b>		4. FEI Number <b>65-1225658</b>	
Zip <b>33538</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SUTTON, KATHERINE</b> <b>3998 C.R. 309</b> <b>LAKE PANASOFFKEE, FL 33538</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 re-registering)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TATLER-BURGESS, ANDREW</b> <b>P O BOX 761</b> <b>LAKE PANASOFFKEE, FL 33538</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SUTTON, KATHERINE F</b> <b>P O BOX 761</b> <b>LAKE PANASOFFKEE, FL 33538</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SUTTON, A. KATHERINE</b> <b>P.O. Box 761, LK. PANASOFFKEE, FL 33538</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <b>KOELEWJN, EDMUND</b> <b>P O BOX 761</b> <b>LAKE PANASOFFKEE, FL 33538</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>SIGNATURE: _____</b>					
<b>A. TATLER-BURGESS</b>					
<b>4/30/06</b>					
<b>352-568-3097</b>					