

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 MAR -2 PM 2: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N07741** (4)
1. Corporation Name
WOODLAND HERITAGE ORGANIZATION, INC.

Principal Place of Business Mailing Address
FRANK DAKES
5909 HERITAGE DR.
GROVELAND FL 34736-9646
US

2. Principal Place of Business 2a. Mailing Address
21 **Alcide St. Aubin** 26 **1164 Pioneer Circle**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Groveland, Fl.** 28
Zip Country Zip Country
24 **34736** 25 **USA** 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/20/1985** 3a. Date of Last Report **01/28/1994**

4. FEI Number **59-2530484** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
DAKES, FRANK
5909 HERITAGE DR.
GROVELAND FL 34736-9646

10. Name and Address of New Registered Agent
81 Name **Alcide St. Aubin**
82 Street Address (P.O. Box Number is Not Acceptable) **1164 Pioneer Circle**
83
84 City **Groveland** FL 85 Zip Code **34736**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Alcide St. Aubin* DATE **2/24/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ST. AUBIN, ALCIDE
STREET ADDRESS	1164 PIONEER CIRCLE
CITY - ST - ZIP	GROVELAND FL
TITLE	VD
NAME	NORRITO, JOSEPH R
STREET ADDRESS	1120 PIONEER CIRCLE
CITY - ST - ZIP	GROVELAND FL
TITLE	D
NAME	FOX, SARA M
STREET ADDRESS	1114 PIONEER CIRCLE
CITY - ST - ZIP	GROVELAND FL
TITLE	D
NAME	BROWDER, JOHN D
STREET ADDRESS	1186 HERITAGE DR
CITY - ST - ZIP	GROVELAND FL
TITLE	SD
NAME	NEWTON, DONNA R
STREET ADDRESS	3903 PEACEFUL PASS
CITY - ST - ZIP	GROVELAND FL
TITLE	D
NAME	GRIFFITH, LAWRENCE
STREET ADDRESS	1186 PIONEER CIRCLE
CITY - ST - ZIP	GROVELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wolf, Frederick H.	
1.3 STREET ADDRESS	6026 Unity Pass	
1.4 CITY - ST - ZIP	Groveland, Fl. 34736	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Keirns, Raymond	
2.3 STREET ADDRESS	6003 Heritage Dr.	
2.4 CITY - ST - ZIP	Groveland, Fl. 34736	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Canterbury, Mary	
3.3 STREET ADDRESS	1136 Heritage Dr.	
3.4 CITY - ST - ZIP	Groveland, Fl. 34736	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Matthews, Joanne E.	
4.3 STREET ADDRESS	5915 Peaceful Pass	
4.4 CITY - ST - ZIP	Groveland, Fl. 34736	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Newton, Donna R.	
5.3 STREET ADDRESS	5903 Peaceful Pass	
5.4 CITY - ST - ZIP	Groveland, Fl. 34736	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joanne E. Matthews* DATE: **2/24/95** (904) 429-2544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR