

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # NO7741 (4)
1. Corporation Name
WOODLAND HERITAGE ORGANIZATION, INC.



Principal Place of Business: ***ST. AUBIN, ALCIDE**
~~WOODLAND HERITAGE ORGANIZATION, INC.~~
GROVELAND FL 34736 US

Mailing Address: **1164 PIONEER CIRCLE**
~~WOODLAND HERITAGE ORGANIZATION, INC.~~
GROVELAND FL 34736 US

3. Date Incorporated or Qualified: **02/20/1985**
3a. Date of Last Report: **03/02/1995**

2. Principal Place of Business
21 **1164 PIONEER CIRCLE**
Suite, Apt. #, etc.
22
City & State
23 **GROVELAND, FL.**
Zip
24 **34736** Country
25 **US**

2a. Mailing Address
26 **1164 PIONEER CIRCLE**
Suite, Apt. #, etc.
27
City & State
28 **GROVELAND, FL.**
Zip
29 **34736** Country
30 **US**

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**

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

9. Name and Address of Current Registered Agent
ST. AUBIN, ALCIDE
1164 PIONEER CIRCLE
GROVELAND FL 34736

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Alcide St. Aubin* **ALCIDE ST. AUBIN** DATE: **2/7/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ST. AUBIN, ALCIDE	1.2 NAME	NEWTON, DONNA
STREET ADDRESS	1164 PIONEER CIRCLE	1.3 STREET ADDRESS	5903 PEACEFUL PASS
CITY-ST-ZIP	GROVELAND FL	1.4 CITY-ST-ZIP	GROVELAND, FL. 34736
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRITO, JOSEPH R	2.2 NAME	NORRITO, JOSEPH R.
STREET ADDRESS	1120 PIONEER CIRCLE	2.3 STREET ADDRESS	1120 PIONEER CIRCLE
CITY-ST-ZIP	GROVELAND FL	2.4 CITY-ST-ZIP	GROVELAND, FL. 34736
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, FREDERICK H	3.2 NAME	WOLF, FREDERICK H.
STREET ADDRESS	6026 UNITY PASS	3.3 STREET ADDRESS	6026 UNITY PASS
CITY-ST-ZIP	GROVELAND FL	3.4 CITY-ST-ZIP	GROVELAND, FL. 34736
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEIRNS, RAYMOND	4.2 NAME	WILLIAMSON, GEORGE
STREET ADDRESS	6003 HERITAGE DRIVE	4.3 STREET ADDRESS	1100 HERITAGE DRIVE
CITY-ST-ZIP	GROVELAND FL	4.4 CITY-ST-ZIP	GROVELAND, FL. 34736
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANTERBURY, MARY	5.2 NAME	HUBBARD, MARION
STREET ADDRESS	1136 HERITAGE DRIVE	5.3 STREET ADDRESS	1131 PIONEER CIRCLE
CITY-ST-ZIP	GROVELAND FL	5.4 CITY-ST-ZIP	GROVELAND, FL. 34736
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTHEWS, JOANNE E	6.2 NAME	LEES, ALBERT
STREET ADDRESS	5915 PEACEFUL PASS	6.3 STREET ADDRESS	5952 FREEDOM DRIVE
CITY-ST-ZIP	GROVELAND FL	6.4 CITY-ST-ZIP	GROVELAND, FL. 34736

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NEWTON, DONNA
1.3 STREET ADDRESS	5903 PEACEFUL PASS
1.4 CITY-ST-ZIP	GROVELAND, FL. 34736
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NORRITO, JOSEPH R.
2.3 STREET ADDRESS	1120 PIONEER CIRCLE
2.4 CITY-ST-ZIP	GROVELAND, FL. 34736
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WOLF, FREDERICK H.
3.3 STREET ADDRESS	6026 UNITY PASS
3.4 CITY-ST-ZIP	GROVELAND, FL. 34736
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILLIAMSON, GEORGE
4.3 STREET ADDRESS	1100 HERITAGE DRIVE
4.4 CITY-ST-ZIP	GROVELAND, FL. 34736
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HUBBARD, MARION
5.3 STREET ADDRESS	1131 PIONEER CIRCLE
5.4 CITY-ST-ZIP	GROVELAND, FL. 34736
6.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LEES, ALBERT
6.3 STREET ADDRESS	5952 FREEDOM DRIVE
6.4 CITY-ST-ZIP	GROVELAND, FL. 34736

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 119.07(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* **JOANNE E. MATTHEWS** (352) 429-2544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
2/7/96 Date Daytime Phone

CR2E037 (12/95)