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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 1164 PIONEER CIR GROVELAND FL 34736 US
Mailing Address: 1164 PIONEER CIR GROVELAND FL 34736-9646 US

2. Principal Place of Business 21 5915 Peaceful Pass Suite, Apt. #, etc.	2a. Mailing Address 26 5915 Peaceful Pass Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/20/1985	3a. Date of Last Report 02/14/1996
22 City & State 23 Groveland, Fl.	27 City & State 28 Groveland, Fl.	4. FEI Number 59-2530484	Applied For Not Applicable
24 Zip 34736 25 Country USA	29 Zip 34736 30 Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Groveland, FL 85 Zip Code 34736
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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 *Joanne E. Matthews* Joanne E. Matthews DATE Mar. 10, 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWTON, DONNA	1.2 NAME	Raybourn LeValley
STREET ADDRESS	5903 PEACEFUL PASS	1.3 STREET ADDRESS	1149 Pioneer Circle
CITY-ST-ZIP	GROVELAND FL	1.4 CITY-ST-ZIP	Groveland, Fl. 34736
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORRITO, JOSEPH R.	2.2 NAME	Gertrude Patrick
STREET ADDRESS	1120 PIONEER CIRCLE	2.3 STREET ADDRESS	6018 Unity Pass
CITY-ST-ZIP	GROVELAND FL	2.4 CITY-ST-ZIP	Groveland, Fl. 34736
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLF, FREDERICK H.	3.2 NAME	Mary Thompson
STREET ADDRESS	6026 UNITY PASS	3.3 STREET ADDRESS	5912 Peaceful Pass
CITY-ST-ZIP	GROVELAND FL	3.4 CITY-ST-ZIP	Groveland, Fl. 34736
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMSON, GEORGE	4.2 NAME	Albert Lees
STREET ADDRESS	1100 HERITAGE DR	4.3 STREET ADDRESS	5952 Freedom Dr.
CITY-ST-ZIP	GROVELAND FL	4.4 CITY-ST-ZIP	Groveland, Fl. 34736
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBARD, MARION	5.2 NAME	
STREET ADDRESS	1131 PIONEER CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, JOANNE E	6.2 NAME	
STREET ADDRESS	5915 PEACEFUL PASS	6.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL	6.4 CITY-ST-ZIP	

14. I do 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 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 DATE Mar. 10, 1997 (352)429-2544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0069730

CR2E037 (9/96)