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03-01-1999 90212 007 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07741

1. Corporation Name
WOODLAND HERITAGE ORGANIZATION, INC.

Principal Place of Business 5915 PEACEFUL PASS GROVELAND FL 34736 US	Mailing Address 5915 PEACEFUL PASS GROVELAND FL 34736 US
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2. Principal Place of Business 21 6010 UNITY PASS Suite, Apt. #, etc. 22 City & State 23 GROVELAND FL Zip Country 24 34736 25 LAKE	2a. Mailing Address 26 6010 UNITY PASS Suite, Apt. #, etc. 27 City & State 28 GROVELAND FL Zip Country 29 34736 30 LAKE	3. Date Incorporated or Qualified 02/20/1985 4. FEI Number 59-2530484 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
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9. Name and Address of Current Registered Agent MATTHEWS, JOANNE E 5915 PEACEFUL PASS GROVELAND FL 34736	10. Name and Address of New Registered Agent 81 Name HERZIG JOAN L 82 Street Address (P.O. Box Number is Not Acceptable) 6010 UNITY PASS 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 *Joan L. Herzig* **JOAN L. HERZIG, AGENT** 1-22-99
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS TITLE PD <input type="checkbox"/> DELETE NAME KIERNS, RAY STREET ADDRESS 6003 HERITAGE DR CITY-ST-ZIP GROVELAND FL 34736 TITLE VD <input checked="" type="checkbox"/> DELETE NAME HARRIS, RAYMOND STREET ADDRESS 5964 FREEDOM DR CITY-ST-ZIP GROVELAND FL 34736 TITLE D <input type="checkbox"/> DELETE NAME THOMPSON, MARY STREET ADDRESS 5912 PEACEFUL PASS CITY-ST-ZIP GROVELAND FL TITLE D <input checked="" type="checkbox"/> DELETE NAME WILLIAMSON, GEORGE STREET ADDRESS 1100 HERITAGE DR CITY-ST-ZIP GROVELAND FL TITLE TD <input type="checkbox"/> DELETE NAME PATRICK, GERTRUDE STREET ADDRESS 6018 UNITY PASS CITY-ST-ZIP GROVELAND FL 34736 TITLE SD <input type="checkbox"/> DELETE NAME HERZIG, JOAN STREET ADDRESS 6010 UNITY PASS CITY-ST-ZIP GROVELAND FL 34736	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME KEIRNS, RAY 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME NORRITO, JOSEPH 2.2 NAME 2.3 STREET ADDRESS 1120 PIONEER CIRCLE 2.4 CITY-ST-ZIP GROVELAND FL 34736 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME SEAVER, CALVIN 4.2 NAME 4.3 STREET ADDRESS 5968 FREEDOM DRIVE 4.4 CITY-ST-ZIP GROVELAND FL 34736 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
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14. I 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, with all other like empowered.

SIGNATURE: *Joan L. Herzig* **SIGNATURE REQUIRED HERZIG, SECRETARY DIRECTOR** 1-22-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 03-01-1999 Daytime Phone #

CR2E037 (1/198)