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Secretary of State

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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 # N51354

1. Corporation Name

HERNDON CHARITABLE FOUNDATION, INC.

Principal Place of Business

POST OFFICE BOX 231
 LAKE WALES FL 33859-0231

Mailing Address

POST OFFICE BOX 231
 LAKE WALES FL 33859-0231



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 68 Mammoth Grove Road		26 68 Mammoth Grove Road		10/19/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 P.O. Box 231		27 P.O. Box 231		59-3148874	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Lake Wales, FL		28 Lake Wales, FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24 33853 25		29 33859-0231 30			

9. Name and Address of Current Registered Agent

UPDIKE, LAWRENCE C.
 5937 HIGHWAY 60, EAST
 LAKE WALES FL 33859

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	68 Mammoth Grove Road
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNDON, HORACE F.	1.2 NAME	
STREET ADDRESS	5937 HIGHWAY 60, EAST	1.3 STREET ADDRESS	68 Mammoth Grove Road
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNDON, VIRGINIA U.	2.2 NAME	
STREET ADDRESS	5937 HIGHWAY 60, EAST	2.3 STREET ADDRESS	68 Mammoth Grove Road
CITY-ST-ZIP	LAKE WALES FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNDON, PHILLIP L.	3.2 NAME	
STREET ADDRESS	5937 HIGHWAY 60, EAST	3.3 STREET ADDRESS	68 Mammoth Grove Road
CITY-ST-ZIP	LAKE WALES FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADKINSON, ANN H.	4.2 NAME	
STREET ADDRESS	5937 HIGHWAY 60, EAST	4.3 STREET ADDRESS	68 Mammoth Grove Road
CITY-ST-ZIP	LAKE WALES FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFF, JANE H.	5.2 NAME	
STREET ADDRESS	5937 HIGHWAY 60, EAST	5.3 STREET ADDRESS	68 Mammoth Grove Road
CITY-ST-ZIP	LAKE WALES FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Horace F. Herndon* **SIGNATURE REQUIRED** Horace F. Herndon, President 1/15/99 (941) 696-1487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)