2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005
Secretary of State

DOCUMENT# N93000002732

Entity Name: WINTER GARDEN HERITAGE FOUNDATION, INC.

Current Principal Place of Business:

32 W. PLANT STREET
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 770514
WINTER GARDEN, FL 34787 US

New Mailing Address:

FEI Number: 59-3201766 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLAKESLEE, ANN G
230 N. HIGHLAND AVE
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BRITT, WARD	
Address:	1719 KELSO BLVD	
City-St-Zip:	WINDERMERE, FL 34786	
Title:	D	( ) Delete
Name:	ELLIS, ANN,	
Address:	36 W. PLANT ST.	
City-St-Zip:	WINTER GARDEN, FL	
Title:	D	( ) Delete
Name:	CHICONE, JERRY	
Address:	P O BOX 547636 N/A	
City-St-Zip:	ORLANDO, FL 32854	
Title:	D	( ) Delete
Name:	GRIMES, LARRY	
Address:	P.O. BOX 545 N/A	
City-St-Zip:	WINTER GARDEN, FL 34777	
Title:	D	( ) Delete
Name:	ROPER, BARBARA	
Address:	1056 S DILLARD ST	
City-St-Zip:	WINTER GARDEN, FL	
Title:	TD	( ) Delete
Name:	BLAKESLEE, ANN	
Address:	230 N.HIGHLAND AVE	
City-St-Zip:	WINTER GARDEN, FL 34787	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN BLAKESLEE TD 02/22/2005

Electronic Signature of Signing Officer or Director — Date