

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002732

FILED
Mar 02, 2006
Secretary of State

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
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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 Chapter 119, 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 G. BLAKESLEE

TD

03/02/2006

Electronic Signature of Signing Officer or Director

Date