

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000002732

1. Entity Name  
WINTER GARDEN HERITAGE FOUNDATION, INC.



FILED

08 SEP 15 PM 4:07

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1 NORTH MAIN STREET  
WINTER GARDEN, FL 34787 US

Mailing Address  
P O BOX 770657  
WINTER GARDEN, FL 34777 US

2. Principal Place of Business - No P.O. Box #  
101 S. Boyd St.  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 770657  
Suite, Apt. #, etc.



07112008 Chg-NP CR2E037 (12/06)

City & State  
Winter Garden, FL  
Zip 34787 Country USA

City & State  
Winter Garden, FL  
Zip 34777 Country USA

4. FEI Number  
59-3201766  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, JOHN  
10239 TROUT ROAD  
ORLANDO, FL 32836

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

900135970439  
09/16/08--01022--011 \*\*\$61.25

Filing Fee is \$61.25  
Due by September 12, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITT, WARD 1719 KELSO BLVD WINDERMERE, FL 34786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELLIS, ANN PO BOX 770092 WINTER GARDEN, FL 34777	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROPER, BARBARA 12302 SUMMERPORT LANE WINDERMERE, FL 34786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAFFORD, BECKY 1355 KELSO BLVD WINDERMERE, FL 34786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIKES, RON 9147 LAKE MABEL DRIVE ORLANDO, FL 32836	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHY, JOHN 10239 TROUT RD. ORLANDO, FL 32836	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Charlie Hardiman 5501 Apopka Vineland Rd Orlando, FL 32816	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Andy Davis 392 W. Boyd St. Winter Garden, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Geraldine Gallagher 190 S. Orange Ave Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ward Britt 1219 Kelso Blvd Windermere, FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kay Capplemann 519 W. Woodland St. Winter Garden, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Star Kraschinsky PO Box 14500 Altamonte Springs, FL 32716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Andrew Lee Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-08 407 656 3244

Date

Daytime Phone #