

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 30 1998 8:00am  
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004693 (6)

1. Corporation Name

ALEXANDER HERITAGE FOUNDATION, INC.

Principal Place of Business

Mailing Address

15 E MAGNOLIA AVE  
EUSTIS FL 32727-1905

POST OFFICE BOX 1905  
EUSTIS FL 32727-1905

3. Date Incorporated or Qualified

09/29/1995

4. FEI Number

59-3361728

Applied For

Not Applicable

2. Principal Place of Business

21 5240 Pasolo Industrial

2a. Mailing Address

26 5240 Pasolo Industrial Bld

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 8

27 8

City & State

City & State

23 Decatur, GA

28 Decatur, GA

Zip

Country

Zip

Country

24 30035

25 DeKalb

29 30035

30 DeKalb

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSON, RUTHIE A  
1650 TREMAIN ST  
MT DORA FL 32757

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

TITLE PD  
NAME ALEXANDER, WILTS C III  
STREET ADDRESS 15 E. MAGNOLIA AVENUE  
CITY-ST-ZIP EUSTIS FL 32726

DELETE

TITLE VPD  
NAME MANNING, GWEN  
STREET ADDRESS 715 LIBERTY STREET  
CITY-ST-ZIP EUSTIS FL 32726

DELETE

TITLE TD  
NAME WATSON, RUTHIE  
STREET ADDRESS 1650 TREMAIN STREET  
CITY-ST-ZIP MOUNT DORA FL 32757

DELETE

TITLE SD  
NAME GOODWIN, DONNA  
STREET ADDRESS 19 LONESOME PINE TRAIL  
CITY-ST-ZIP YALAHUA FL 34797-3080

DELETE

TITLE D  
NAME HAYES, TOMMY III  
STREET ADDRESS 28 W. WOODWARD AVENUE  
CITY-ST-ZIP EUSTIS FL 32726

DELETE

TITLE D  
NAME CUNNINGHAM, DAVID  
STREET ADDRESS 55 CARDINAL STREET  
CITY-ST-ZIP EUSTIS FL 32726

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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)(l), 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.

SIGNATURE:

WILTS C III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/98

Date

(770) 702-1100

Daytime Phone #

CR2E037 (5/98)