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Secretary of State

04-29-1999 90035 043 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004693

1. Corporation Name

ALEXANDER HERITAGE FOUNDATION, INC.

Principal Place of Business

5240 PAVOLA INDUSTRIAL BLVD
 DECATUR GA 30035
 US

Mailing Address

5240 PAVOLA INDUSTRIAL BLVD
 DECATUR GA 30035
 US

440130 - 90035 - 43



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/29/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3361728
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Zip	6. Election Campaign Financing <input type="checkbox"/>
24	30	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WATSON, RUTHIE A
1650 TREMAIN ST
MT DORA FL 32757

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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.

(NONE: 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, WILTS C III	1.2 NAME	
STREET ADDRESS	15 E. MAGNOLIA AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, GWEN	2.2 NAME	
STREET ADDRESS	715 LIBERTY STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, RUTHIE	3.2 NAME	
STREET ADDRESS	1650 TREMAIN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL 32757	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, DONNA	4.2 NAME	
STREET ADDRESS	19 LONESOME PINE TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	YALAHUA FL 34797-3060	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, TOMMY III	5.2 NAME	
STREET ADDRESS	28 W. WOODWARD AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, DAVID	6.2 NAME	
STREET ADDRESS	55 CARDINAL STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726	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:

Katherine Harris **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

Date

(770) 803-1100

Daytime Phone #

CR2E037 (11/98)