

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004693

FILED
Jul 18, 2004
Secretary of State

Entity Name: ALEXANDER HERITAGE FOUNDATION, INC.

Current Principal Place of Business:

5240 PANOLA INDUSTRIAL BLVD
DECATUR, GA 30035 US

New Principal Place of Business:

Current Mailing Address:

5240 PAVOLA INDUSTRIAL BLVD
DECATUR, GA 30035 US

New Mailing Address:

FEI Number: 59-3361728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, RUTHIE A
1650 TREMAIN ST
MT DORA, FL 32757 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: PD () Delete
Name: ALEXANDER, WILTS C III
Address: 15 E. MAGNOLIA AVENUE
City-St-Zip: EUSTIS, FL 32726

Title: VPD () Delete
Name: MANNING, GWEN
Address: 715 LIBERTY STREET
City-St-Zip: EUSTIS, FL 32726

Title: TD () Delete
Name: WATSON, RUTHIE
Address: 1650 TREMAIN STREET
City-St-Zip: MOUNT DORA, FL 32757

Title: SD () Delete
Name: GOODWIN, DONNA
Address: 19 LONESOME PINE TRAIL
City-St-Zip: YALAHUA, FL 347973060

Title: D () Delete
Name: HAYES, TOMMY III
Address: 28 W. WOODWARD AVENUE
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: CUNNINGHAM, DAVID
Address: 55 CARDINAL STREET
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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 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: WILTS ALEXANDER

PD

07/18/2004

Electronic Signature of Signing Officer or Director

Date