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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005570

1. Corporation Name

HERITAGE OF THE APOSTLES, INC.

Principal Place of Business

P.O. BOX 4327
ENTERPRISE FL 32725

Mailing Address

P.O. BOX 4327
ENTERPRISE FL 32725

2. Principal Place of Business

21 P.O. Box 540013
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 540013
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

10/28/1996

4. FEI Number
59-3413104

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SPINELLA, DOLORES
1824 HOLLOW REED CT
ORLANDO FL 32825

10. Name and Address of New Registered Agent

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 D ☐ DELETE

NAME BIBER, JOSEPH R
STREET ADDRESS 1118 EDGEWATER COURT
CITY-ST-ZIP ORLANDO FL 32804

TITLE D ☒ DELETE

NAME MACHARA, MICHELLE L
STREET ADDRESS 565 RICHMOND AVE
CITY-ST-ZIP DELTONA FL 32725

TITLE D ☐ DELETE

NAME SPINELLA, DOLORES
STREET ADDRESS 1824 HOLLOW REED COURT
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE

NAME WALLS, KAREN
STREET ADDRESS 9019 FLORIBUNDA DR
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 D ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE D ☒ 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)(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 life empowered.

SIGNATURE:

Dolores E. Spinella

1/27/99 (407) 281-1803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)