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).

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 08 1998 8:00am
Secretary of State

000044

DOCUMENT # N96000006251 (0)

1. Corporation Name

FLORIDA HEARTLAND HERITAGE FOUNDATION, INC.

Principal Place of Business	Mailing Address
3149 PLACID VIEW DRIVE LAKE PLACID FL 33852	3149 PLACID VIEW DRIVE LAKE PLACID FL 33852

3. Date Incorporated or Qualified: 12/09/1996

4. FEI Number: APPLIED FOR 65-0778691 | 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

7. Is this nonprofit corporation a homeowners association? [ ] Yes [X] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [X] No

2. Principal Place of Business
21 1339 LAKE CLAY DR.
Suite, Apt. #, etc.
22
City & State
23 LAKE PLACID, FL
Zip 24 33852 Country 25 USA

2a. Mailing Address
26 1339 LAKE CLAY DR.
Suite, Apt. #, etc.
27
City & State
28 LAKE PLACID FL
Zip 29 33852 Country 30 USA

9. Name and Address of Current Registered Agent

STEIN, TERESA
3149 PLACID VIEW DRIVE
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1339 LAKE CLAY DR
83
84 City LAKE PLACID FL 85 Zip Code 33852

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	[X] DELETE
NAME	STEIN, TERESA	
STREET ADDRESS	3149 PLACID VIEW DRIVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	VPD	[X] DELETE
NAME	ELLIS, TRACY	
STREET ADDRESS	3149 PLACID VIEW DRIVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	SD	[X] DELETE
NAME	GONZALEZ, KATRINA	
STREET ADDRESS	3149 PLACID VIEW DRIVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P/D	[ ] Change [X] Addition
1.2 NAME	RONALD N. HOLMES	
1.3 STREET ADDRESS	37 WINDWARD DR	
1.4 CITY-ST-ZIP	LAKE PLACID, FL 33852	
2.1 TITLE	S	[ ] Change [X] Addition
2.2 NAME	HARRIET PORTER	
2.3 STREET ADDRESS	159 DIANNA DR	
2.4 CITY-ST-ZIP	LAKE PLACID, FL 33852	
3.1 TITLE	T	[ ] Change [X] Addition
3.2 NAME	DEBBIE CORDER	
3.3 STREET ADDRESS	1160 LAKE CLAY DR.	
3.4 CITY-ST-ZIP	LAKE PLACID FL 33852	
4.1 TITLE	D	[ ] Change [X] Addition
4.2 NAME	IRELAND L. SANDERS	
4.3 STREET ADDRESS	113 LAKE JUNE DR.	
4.4 CITY-ST-ZIP	LAKE PLACID, FL 33852	
5.1 TITLE	D	[ ] Change [X] Addition
5.2 NAME	MELISSA RUSSELL	
5.3 STREET ADDRESS	221 CATFISH CREEK RD.	
5.4 CITY-ST-ZIP	LAKE PLACID, FL 33852	
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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.

SIGNATURE: Ronald N. Holmes RONALD N. HOLMES 9-28-98 (941) 655-1811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #