## 2005 NOT-FOR-PROFIT CORPORATION

## **FILED ANNUAL REPORT** Apr 25, 2005 08:00 AN Secretary of State DOCUMENT # N96000006251 1. Entity Name FLORIDA HEARTLAND HERITAGE FOUNDATION, INC. Principal Place of Business Maing Address 950 COUNTY ROAD 29 950 COUNTY ROAD 29 UŞ LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 02102005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0778691 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent STEIN, TERESA DO NOT WRITE 1339 LAKE CLAY DR. LAKE PLACID, FL 33852 IN THIS SPACE 8. The above named entity submits this statement for the ourbose of changing its registered office or registered agent, or both in the State of Florida in amiliar with, and accept the obligations of registered agent TERESA SIGNATURE (NOTE, riving the rest Argonial greature) agranted who are inclining to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution Added to Fees Due by May 1, 2005 OFFICERS AND DIRECTORS 10. TITLE Unnnnaansta NAME GENTRY, DORIS 04/25/05-80156-016 70.00 STREET ADDRESS 650 E CORNELL CITY ST-ZIP AVON PARK, FL 33825 TITLE NAME HOLMES, RONALD N STREET ADDRESS 37 WINDWARD DR CITY ST ZIP LAKE PLACID, FL 33852 TITLE HAME MUNDHENK, DAVID STREET ADORESS 351 CATFISH CREEK DR DO NOT WRITE DITY ST JP LAKE PLACID, FL 33852 IN THIS SPACE TITLE NAME PHYPERS, CAROLYN STREET ADDRESS 1812 LAKE CLAY DR CITY ST-ZIP LAKE PLACID, FL 33852 TITLE HAME STREET ADDRESS CITY ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filling does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 🗘

STREET ADDRESS CITY ST ZIP

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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