2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 02, 2006 8:00 am Secretary of State DOCUMENT # N96000006251 1. Entity Name 05-02-2006 90217 048 ****70.00 FLORIDA HEARTLAND HERITAGE FOUNDATION, INC. Principal Place of Business Mailing Address 950 COUNTY ROAD 29 950 COUNTY ROAD 29 LAKE PLACID FL 33852 LAKE PLACID FL 33852 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 65-0778691 Not Applicable Ζıρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEIN, TERESA Street Address (P.O. Box Number is Not Acceptable) 1339 LAKE CLAY DR. LAKE PLACID FL 33852 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and little ikapplicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. PD Change TITLE ☐ Delete TITLE ☐ Addition MUNDHENK, DAVID GENTRY, DORIS 618 E. CORNELL ST NAME NAME 351 CATFISH CREEK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852 CITY-ST-ZIP AVON PARK, 71 33825 ST TREASURER-D Change TITLE ☐ Delete THE ■ Addition HOLMES, RONAID HOLMES, RONALD N NAME NAME 37 WINDWARD DRY STREET ADDRESS STREET ADDRESS 37 WINDWARD CITY-ST-ZIP LAKE PLACID FL 33852 CITY-ST-ZIP LAKE PLACID 7133852 SECRETARY חו ☐ Delete TITLE TITLE PHYPERS, CAROLYN 18 12 LAKE CIAY DR NAME GENTRY, DORIS NAME 650 E CORNELL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVON PARK FL 33825 CITY-ST-ZIP 33852 ☐ Delete Change ☐ Addition TITLE TITLE PHYPERS, CAROLYN NAME MUNDHENK DAVID 351 CATFISH CREEK DR LAKE PLACID 71 3 STREET ADDRESS 1812 LAKE CLAY DR STREET ADDRESS LAKE PLACID FL 33852 CITY-ST-7IP 33852 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TIT! F ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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. SIGNATURES