

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N96000006251

1. Entity Name

FLORIDA HEARTLAND HERITAGE FOUNDATION, INC.



FILED
May 13, 2008 08:00 AM
Secretary of State

Principal Place of Business

950 COUNTY ROAD 29
LAKE PLACID FL 33852
US

Mailing Address

950 COUNTY ROAD 29
LAKE PLACID FL 33852
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0778691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEIN, TERESA
1339 LAKE CLAY DR.
LAKE PLACID FL 33852

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Teresa Stein

Signature, type or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD. ☐ Delete
NAME GENTRY, DORIS
STREET ADDRESS 618 E CORNELL ST
CITY- ST- ZIP AVON PARK FL 33-825+

TITLE TD ☐ Delete
NAME HOLMES, RONALD
STREET ADDRESS 37 WINDWARD
CITY- ST- ZIP LAKE PLACID FL 33862

TITLE SD ☐ Delete
NAME PHYPPERS, CAROLYN
STREET ADDRESS 1812 LAKE CLAY DR
CITY- ST- ZIP LAKE PLACID FL 33852

TITLE D ☐ Delete
NAME MUNDHENK, DAVID
STREET ADDRESS 351 CATFISH CREEK DR
CITY- ST- ZIP LAKE PLACID FL 33852

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP U000000951215
06/04/08-80024-005 70.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby 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.

SIGNATURE: *Ronald N Holmes* RONALD N HOLMES 5-8-08 863-465-3994