

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90036 008 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000000225**

1. Corporation Name  
**THE WILLIAM HAUBEN HERITAGE FOUNDATION, INC.**

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 560190 - 90062 - 7

Principal Place of Business 4902 BAYSHORE BLVD #808 TAMPA FL 33611 <b>2611 BAYSHORE #804                  TAMPA FL. 33629</b>	Mailing Address 4902 BAYSHORE BLVD #808 TAMPA FL 33611 <b>2611 BAYSHORE #804                  TAMPA FL. 33629</b>
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2. Principal Place of Business 21 <b>SAME</b>	2a. Mailing Address 28 <b>SAME</b>	3. Date Incorporated or Qualified 01/15/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 345-26-7240 Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29
Country 26	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent HAUBEN, WILLIAM 4902 BAYSHORE BLVD #908 TAMPA FL 33611 <b>2611 BAYSHORE #804                  TAMPA FL. 33629</b>		10. Name and Address of New Registered Agent 81 Name <b>WILLIAM HAUBEN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2611 BAYSHORE #804</b> 83 <b>TAMPA FL 33629</b> 84 City FL 85 Zip Code <b>813</b>	
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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 Marian Drumm DATE 5/20/99  
(NOTE: Registered Agent signature required when re-issuing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-12	
TITLE D	HAUBEN, SHELDON 290 COLONIAL HOME DR ATLANTA GA 30309 <i>200 Colonial Homes Atlanta, Ga 30309</i>	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE D	FREEDMAN, RANDY 4702 KINROSS CT VALRICO FL 33594	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	BRUIN, MARIAN 4711 S HIMES AVE #1109 TAMPA FL 33611	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*William Hauben 5/3/99*  
*Marian Drumm 5/20/99*

CR2E037 (1/98)