


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|-----------------------------------|--|--|---|---|
| DOCUMENT # N98000000225 | | | |  | |
| 1. Entity Name THE WILLIAM HAUBEN HERITAGE FOUNDATION, INC. | | | | | |
| Principal Place of Business 2611 BAYSHORE #804 TAMPA FL 33629 | | | Mailing Address 2611 BAYSHORE #804 TAMPA FL 33629 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 34-5267240 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| HAUBEN, WILLIAM 2611 BAYSHORE #804 TAMPA FL 33629 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | D <input type="checkbox"/> Delete | HAUBEN, SHELDON | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 501 KNIGHT RUN AVENUE # 2208 | | NAME | | |
| STREET ADDRESS | TAMPA FL 33602 | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | FREEDMAN, RANDY | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 4702 KINROSS CT | | NAME | | |
| STREET ADDRESS | VALRICO FL 33594 | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | HAUBEN, WILLIAM | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY - ST - ZIP | | | CITY - ST - ZIP | | |



1st MOORE CR2E037 (10/04)

4. FEI Number **34-5267240** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *William Hauben* 4/20/05 813-253-0845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #