

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 08, 1999 8:00 am
Secretary of State

0001510

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

09-08-1999 90006 028 ****70.00

DOCUMENT # N98000001015

Corporation Name
HERITAGE FOR BLACK CHILDREN, INC.

Principal Place of Business
 308 CENTER LANE
 ORLANDO FL 32808

Mailing Address
 4908 CENTER LANE
 ORLANDO FL 32808



| | | | | | |
|---|--|--|--|---|--|
| 1. Principal Place of Business 4823 Silver Star Rd | | 2a. Mailing Address 4823 Silver Star Road | | 3. Date Incorporated or Qualified 02/20/1998 | |
| Suite, Apt. #, etc. Suite 110 | | Suite, Apt. #, etc. Suite 110 | | 4. FEI Number 59-3447088 | |
| City & State Orlando Florida | | City & State Orlando Florida | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 32808 | | Zip 32808 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country 25 Orange | | Country 30 Orange | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| POOLE, GERTRUDE S 4908 CENTER LANE ORLANDO FL 32808 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | 85 Zip Code | | | |
| | | | | FL | | | |

I, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|------------------------|---|---|---|
| 1. TITLE | Director <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2. NAME | Wanda J. Rogers | 2.1 TITLE | Joyce Glenn Bruton |
| 3. STREET ADDRESS | 552 Ferrine Drive | 2.2 NAME | Isaac "Ike" Jones |
| 4. CITY-ST-ZIP | Orlando Florida 32808 | 2.3 STREET ADDRESS | 3933 Beachman Drive |
| 5. TITLE | | 2.4 CITY-ST-ZIP | Orlando Florida 32810 |
| 6. NAME | | 3.1 TITLE | MARK A. Smikle, Ph.D. |
| 7. STREET ADDRESS | | 3.2 NAME | 1798 Baywood Avenue |
| 8. CITY-ST-ZIP | | 3.3 STREET ADDRESS | Orlando Florida 32818 |
| 9. TITLE | | 3.4 CITY-ST-ZIP | |
| 10. NAME | | 4.1 TITLE | |
| 11. STREET ADDRESS | | 4.2 NAME | |
| 12. CITY-ST-ZIP | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| | | 5.1 TITLE | |
| | | 5.2 NAME | |
| | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| | | 6.1 TITLE | |
| | | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

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] SIGNATURE REQUIRED [Signature] 8/20/99 (407) 292-7722

CR2E037 (5/99)