


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90333 007 ****61.25

DOCUMENT # 703463
 1. Entity Name
HEINTZELMAN EMPLOYEE CLUB, INC.



Principal Place of Business
**2424 N JOHN YOUNG PKWY.
 ORLANDO, FL 32804**

Mailing Address
**2424 N JOHN YOUNG PKWY.
 ORLANDO, FL 32804**

40064144



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04132007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6151228 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HOOK, SHARON
2424 N JOHN YOUNG PKWY
ORLANDO, FL 32804

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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	D	<input type="checkbox"/> Delete
NAME	HOOK, SHARON	
STREET ADDRESS	2424 N JOHN YOUNG PKWY	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, JOHN	
STREET ADDRESS	2424 N JOHN YOUNG PKWY	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, JOSEPH	
STREET ADDRESS	2424 N JOHN YOUNG PKWY	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEONARD, ROBERT	
STREET ADDRESS	2424 N JOHN YOUNG PKWY	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	D	<input type="checkbox"/> Delete
NAME	NIEDL, GARY	
STREET ADDRESS	2424 JOHN YOUNG PKWY	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOGAN, MIKE	
STREET ADDRESS	2424 N JOHN YOUNG PKW	
CITY-ST-ZIP	ORLANDO, FL 32804	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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: John M. Wilson **4/13/07** **407-467-5203**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #