2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State
03-22-2004 90062 018 ****61.25

24025983

DOCUMENT # N01000002725

1. Entity Name
HEARTLAND COMMUNITY CHURCH, INC.

Principal Place of Business	Mailing Address
320 SOUTH ORANGE AVENUE FORT MEADE, FL 33841	POST OFFICE BOX 1172 FORT MEADE, FL 33841

2. Principal Place of Business	3. Mailing Address
3601 Cypress Gardens RD	6039 Cypress Gardens BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 144
City & State: Winter Haven FL	City & State: Winter Haven FL
Zip: 33884 Country: U.S.	Zip: 33884 Country: U.S.

03152004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3721126 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, DONALD H JR.
245 SOUTH CENTRAL AVENUE
BARTOW, FL 33830

7. Name and Address of New Registered Agent

Name: Michael Kennon
Street Address (P.O. Box Number is Not Acceptable): 5250 Dundee RD
Suite 3
City: Winter Haven **FL** Zip Code: 33884

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: Michael Kennon D 3/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENDRICK, ED 320 SOUTH ORANGE AVENUE FORT MEADE, FL 33841	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRUBBS, GARY L 985 W LAKE DRIVE BARTOW, FL 33830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEHOND, DAVID 106 ALBERT ST NE FORT MEADE, FL 33841	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #