

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005947

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: HEARTLAND SOCCER CLUB, INC.

**Current Principal Place of Business:**

4417 PITCHING WEDGE WAY  
SEBRING, FL 33872

**New Principal Place of Business:**

**Current Mailing Address:**

4417 PITCHING WEDGE WAY  
SEBRING, FL 33872

**New Mailing Address:**

PO BOX 7997  
SEBRING, FL 33872

FEI Number: 20-4885776

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIVINGSTON, ROBERT E  
445 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: TALBERT, PAUL  
Address: 4417 PITCHING WEDGE WAY  
City-St-Zip: SEBRING, FL 33872

Title: VP ( ) Delete  
Name: COCHRAN, RONALD  
Address: 115 BRITTANY LANE  
City-St-Zip: SEBRING, FL 33875

Title: TRES ( ) Delete  
Name: STEWART, SANDRA  
Address: 5860 BRADY TRAIL  
City-St-Zip: SEBRING, FL 33875

Title: REGI ( ) Delete  
Name: BLOEMSMA, DEBBIE  
Address: 203 SPORTSMAN AVE  
City-St-Zip: SEBRING, FL 33875

Title: DIRE ( ) Delete  
Name: ASHLEY, STEVE  
Address: 3503 DAULPHINE ST  
City-St-Zip: SEBRING, FL 33875

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S/T (X) Change ( ) Addition  
Name: COCHRAN, GELENE  
Address: 115 BRITTANY LANE  
City-St-Zip: SEBRING, FL 33875

Title: REGI (X) Change ( ) Addition  
Name: BLOEMSMA, DEBBIE  
Address: 203 SPORTSMAN AVE  
City-St-Zip: SEBRING, FL 33875

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GELENE COCHRAN

S/T

03/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date