

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15261 (3)
1. Corporation Name
HEARTLAND DOG CLUB, INCORPORATED OF FLORIDA

APPROVED
AND
FILED

95 APR 17 PM 4: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
4005 SKIPPER ROAD 4005 SKIPPER ROAD
C/O LAURA VAN HORN C/O LAURA VAN HORN
SEBRING FL 33872 SEBRING FL 33872

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/04/1986 3a. Date of Last Report 05/01/1994
4. FEI Number 59-2877619 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2b. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VAN HORN, LAURA
4005 SKIPPER ROAD
SEBRING FL 33872

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CANTOR, GARY
STREET ADDRESS 19 RIDGE RD.
CITY - ST - ZIP FROSTPROOF FL
TITLE VD
NAME NEIDHOETER, JEANETTE
STREET ADDRESS 8223 BRIDLE PATH
CITY - ST - ZIP SEBRING FL
TITLE TD
NAME TRUAX, RUTH
STREET ADDRESS 2990 DOWNING RD.
CITY - ST - ZIP SEBRING FL
TITLE RSD
NAME VANHORN, LAURA
STREET ADDRESS 3940 SKIPPER RD.
CITY - ST - ZIP SEBRING FL
TITLE D
NAME NUTTON, EDNA
STREET ADDRESS 4005 SKIPPER RD
CITY - ST - ZIP SEBRING FL
TITLE D
NAME RUSSELL, SUE
STREET ADDRESS 5211 JEFFERSON AVE.
CITY - ST - ZIP LAKE PLACID FL

11 TITLE
12 NAME Van Horn, LAURA
13 STREET ADDRESS 3940 Skipper Rd
14 CITY - ST - ZIP Sebring FL
21 TITLE
22 NAME LANE, MARY
23 STREET ADDRESS 4005 Skipper Rd
24 CITY - ST - ZIP Sebring FL
31 TITLE
32 NAME Polny, Ann
33 STREET ADDRESS 5500 SR 66
34 CITY - ST - ZIP Sebring, FL
41 TITLE
42 NAME Milam, Judy
43 STREET ADDRESS 1306 Lake Josephine DR.
44 CITY - ST - ZIP Sebring FL
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE
62 NAME WRAY, LENA
63 STREET ADDRESS RR #1 Box 272
64 CITY - ST - ZIP Zolfo Springs, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature / Name #