

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26 3940		06/04/1986		04/17/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2877619		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	VAN HORN, LAURA	1.2 NAME	
STREET ADDRESS	3940 SKIPPER RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	LANE, MARY	2.2 NAME	
STREET ADDRESS	4005 SKIPPER RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	POLNY, ANN	3.2 NAME	
STREET ADDRESS	5500 SR 66	3.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	3.4 CITY - ST - ZIP	
TITLE	RSD	4.1 TITLE	☒ Change ☐ Addition
NAME	MILAM, JUDY	4.2 NAME	
STREET ADDRESS	1366 LAKE JOSEPHINE DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	NUTTON, EDNA	5.2 NAME	
STREET ADDRESS	4005 SKIPPER RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	WRAY, LENA	6.2 NAME	
STREET ADDRESS	RR 1 BOX 272 N/A	6.3 STREET ADDRESS	
CITY - ST - ZIP	ZOLFO SPRINGS FL	6.4 CITY - ST - ZIP	

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 119.07(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 617, 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

Daytime Phone #

CR2E037 (12/95)