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Apr 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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~~ C/O LAURA VAN HORN SEBRING FL 33872	3940 SKIPPER ROAD C/O LAURA VAN HORN SEBRING FL 33872-6291 US

3. Date Incorporated or Qualified: 06/04/1986
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 3940 Skipper Rd
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VAN HORN, LAURA
3940 SKIPPER ROAD
SEBRING FL 33872

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	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	☐ DELETE	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	~~LANE,~~ MARY		2.2 NAME	POLNY, ANN	
STREET ADDRESS	4005 SKIPPER RD		2.3 STREET ADDRESS	5500 SR 66	
CITY-ST-ZIP	SEBRING FL		2.4 CITY-ST-ZIP	Sebring, FL 33872	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☐ Change ☐ Addition
NAME	POLNY, ANN		3.2 NAME	LANE, MARY	
STREET ADDRESS	5500 SR 66		3.3 STREET ADDRESS	4005 Skipper Rd	
CITY-ST-ZIP	SEBRING FL		3.4 CITY-ST-ZIP	Sebring FL 33872	
TITLE	RSD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HUDSON, DONNA		4.2 NAME		
STREET ADDRESS	3744 SKIPPER ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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	☐ DELETE	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		

CR2E037 (9/96)

14. I do 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 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] 4/13/97