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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15261

1. Corporation Name

HEARTLAND DOG CLUB, INCORPORATED OF FLORIDA

Principal Place of Business

3940 SKIPPER RD
C/O LAURA VAN HORN
SEBRING FL 33872
US

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

06/04/1986

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VAN HORN, LAURA	
STREET ADDRESS	3940 SKIPPER RD	
CITY-ST-ZIP	SEBRING FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POLNY, ANN	
STREET ADDRESS	5500 SR 66	
CITY-ST-ZIP	SEBRING FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HUDSON, D	
STREET ADDRESS	3744 SKIPPER RD	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	RSD	<input type="checkbox"/> DELETE
NAME	WINEGARD, S	
STREET ADDRESS	646 MEL SMITH RD	
CITY-ST-ZIP	AVON PK FL 33826	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARTLEY, L	
STREET ADDRESS	2000 FLOWER TERRACE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SNARELY, D	
STREET ADDRESS	115 HEINLEY RD	
CITY-ST-ZIP	LAKE PLACID FL 33852	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Donna Hudson
2.3 STREET ADDRESS	3744 Skipper Rd
2.4 CITY-ST-ZIP	Sebring, FL 33872
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TREASURER Ann Polny
3.3 STREET ADDRESS	5500 SR 66
3.4 CITY-ST-ZIP	Sebring, FL 33872
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Board of Directors Ruth Truax
6.3 STREET ADDRESS	2990 Downing Ave
6.4 CITY-ST-ZIP	Sebring FL 33870

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE:

Signature of Laura Van Horn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)