

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15261

FILED
Jan 10, 2009
Secretary of State

Entity Name: HEARTLAND DOG CLUB, INCORPORATED OF FLORIDA

Current Principal Place of Business:

1601 SUNSET DRIVE
C/O DR LAURA VAN HORN
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

1601 SUNSET DRIVE
C/O DR LAURA VAN HORN
SEBRING, FL 33870 US

New Mailing Address:

FEI Number: 59-2877619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN HORN, LAURA DR
1601 SUNSET DRIVE
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: PD () Delete
Name: VAN HORN, LAURA DR.
Address: 1601 SUNSET DRIVE
City-St-Zip: SEBRING, FL 33870 US

Title: VP () Delete
Name: HABERMAN, RICK
Address: 4549 E BUTLER RD
City-St-Zip: AVON PARK, FL 33825

Title: CS () Delete
Name: POLNY, ANN
Address: 5500 S.R. 66
City-St-Zip: SEBRING, FL 33875

Title: RS () Delete
Name: FOSTER, DOROTHY
Address: 1059 FEMALE AVE
City-St-Zip: SEBRING, FL 33870

Title: T () Delete
Name: DORSEY, CHERIE
Address: 727 LAKE JOSEPHINE DR
City-St-Zip: SEBRING, FL 33875

Title: D () Delete
Name: RIGGSBEE, NIKKI
Address: 3412 BLOWING OAK STREET
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: DR. LAURA VAN HORN

PD

01/10/2009

Electronic Signature of Signing Officer or Director

Date