

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 01, 2006
Secretary of State**

DOCUMENT# N17966

Entity Name: HEARTLAND WORSHIP CENTER, INC.

Current Principal Place of Business:

2874 E IRLO BRONSON
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

2874 E IRLO BRONSON
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number: 59-2720045 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, GARY
2874 E. IRLO BRONSON HIGHWAY
KISSIMMEE, FL 32742 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: SMITH, GARY,
Address: 2001 GRANADA BLVD
City-St-Zip: KISSIMMEE, FL

Title: SD () Delete
Name: SMITH, JANIS,
Address: 2001 GRANADA BLVD
City-St-Zip: KISSIMMEE, FL

Title: D () Delete
Name: SMITH, JEFFERY
Address: 2204 JESSICA LANE
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: WILKER, JOHN
Address: 2616 FLORENCE DR.
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITH, GARY,
Address: 4241 KISSIMMEE PARK RD
City-St-Zip: ST CLOUD, FL 34771

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

Title: () Change () Addition
Name:
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 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: GARY SMITH

PD

02/01/2006

Electronic Signature of Signing Officer or Director

_____ Date