2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N28553

1. Entity Name
HEARTLAND COMMUNITY CHURCH AT WAUCHULA, INC.

Principal Place of Business	Mailing Address
WEST MAIN ST., HWY 64A P.O. BOX 1304 WAUCHULA, FL 33873	WEST MAIN ST., HWY 64A P.O. BOX 1304 WAUCHULA, FL 33873

DO NOT WRITE IN THIS SPACE

04212005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2752295
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MANLEY, MICHAEL D
203 S SEVENTH AVE
WAUCHULA, FL 33873

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	WILLIAMS, LAURENCE C JR
STREET ADDRESS	3799 OAK HILL RANCH RD
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890
TITLE	DP
NAME	CANTU, STEVE
STREET ADDRESS	PO BOX 1461
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890
TITLE	DT
NAME	HUNT, PHIL
STREET ADDRESS	1002 MURPHY RD.
CITY-ST-ZIP	ONA, FL 33865
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/05-80045-013 61.25

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-21-05 863-781-1383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #