

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90017 016 ****61.25

DOCUMENT # 708122

1. Entity Name

HEART OF FLORIDA EDUCATIONAL FOUNDATION, INC.



Principal Place of Business

7722 STATE ROAD 544
WINTER HAVEN FL 33881
US

Mailing Address

P O BOX 188
HAINES CITY FL 33845
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1097573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAREFOOT, GEORGE H
7722 S R 544 EAST
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, the registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	CAREFOOT, GEORGE H	
STREET ADDRESS	313 HAMILTON SHORE DRIVE, N.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINNER, ERNEST S	
STREET ADDRESS	54 PINE FOREST DRIVE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARNER, SHARON	
STREET ADDRESS	316 9TH STREET SOUTH	
CITY-ST-ZIP	HAINES FL 33845-0337	
TITLE	CD	<input type="checkbox"/> Delete
NAME	PRATT, JEAN	
STREET ADDRESS	101 FAIRWAY DR	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROADWAY, DENNIS	
STREET ADDRESS	PO BOX 337	
CITY-ST-ZIP	HAINES FL 33845-0337	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROCKER, J THOMAS	
STREET ADDRESS	2740 SEQUOYAH DRIVE	
CITY-ST-ZIP	HAINES CITY FL 33844	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREFOOT, GEORGE H	
STREET ADDRESS	313 HAMILTON SHORES DRIVE, NE	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINNER, ERNEST S.	
STREET ADDRESS	54 PINE FOREST DRIVE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATT, JEAN	
STREET ADDRESS	101 FAIRWAY DRIVE	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROADWAY, DENNIS	
STREET ADDRESS	P.O. BOX 337	
CITY-ST-ZIP	HAINES CITY, FL 33845-0337	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOVALL, RENEE	
STREET ADDRESS	1108 PENINSULAR DRIVE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DODD, ROBERT	
STREET ADDRESS	228 CREST DRIVE	
CITY-ST-ZIP	HAINES CITY, FL 33844	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/04

Date

863-422-8990

Daytime Phone #