

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 31, 2005 08:00 AM
Secretary of State

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



01172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 PD
NAME CAREFOOT, GEORGE H
STREET ADDRESS 313 HAMILTON SHORE DRIVE, N.E.
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE TD
NAME PINNER, ERNEST S
STREET ADDRESS 54 PINE FOREST DRIVE
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE D
NAME PRATT, JEAN
STREET ADDRESS 101 FAIRWAY DR.
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE D
NAME BROADWAY, DENNIS
STREET ADDRESS P.O. BOX 337
CITY-ST-ZIP HAINES CITY, FL 338450337

TITLE SD
NAME STOVALL, RENEE
STREET ADDRESS 1108 PENINSULAR DR.
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE D
NAME ROCKER, J THOMAS
STREET ADDRESS 2740 SEQUDYAH DRIVE
CITY-ST-ZIP HAINES CITY, FL 33844

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #