


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 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
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP CR2ED37 (11/05)

4. FEI Number 59--6159367	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CAREFOOT, GEORGE H 7722 S R 544 EAST WINTER HAVEN, FL 33881

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CAREFOOT, GEORGE H 313 HAMILTON SHORE DRIVE, N.E. WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PINNER, ERNEST S 54 PINE FOREST DRIVE HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRATT, JEAN 101 FAIRWAY DR. HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROADWAY, DENNIS P.O. BOX 337 HAINES CITY, FL 338450337
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STOVALL, RENEE 1108 PENINSULAR DR. HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROCKER, J THOMAS 2740 SEQUOYAH DRIVE HAINES CITY, FL 33844

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000000436410
02/27/06-80036-010 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	Date: 1/9/06	Daytime Phone: _____
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