

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708122

FILED
Apr 29, 2009
Secretary of State

Entity Name: HEART OF FLORIDA EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

7722 STATE ROAD 544
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 188
HAINES CITY, FL 33845 US

New Mailing Address:

FEI Number: 59-6159367 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DODD, ROBERT E
1101 FIRST STREET SOUTH
WINTER HAVEN, FL 33880 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: CT () Delete
Name: DODD, ROBERT E
Address: 228 CREST DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: TT () Delete
Name: PINNER, ERNEST S
Address: 54 PINE FOREST DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: T () Delete
Name: PRATT, JEAN
Address: 101 FAIRWAY DR.
City-St-Zip: HAINES CITY, FL 33844

Title: T () Delete
Name: BROADWAY, DENNIS
Address: P.O. BOX 337
City-St-Zip: HAINES CITY, FL 338450337

Title: T () Delete
Name: STANGRY, THERON
Address: 222 STATE ROAD 60 EAST
City-St-Zip: LAKE WALES, FL 33853

Title: ST () Delete
Name: ROCKER, J THOMAS
Address: 2740 SEQUOYAH DRIVE
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Change () Addition
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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 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: ROBERT E. DODD

CT

04/29/2009

Electronic Signature of Signing Officer or Director

Date