

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90180 006 \*\*\*\*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.

**7722 State Road 544**

City & State

**Winter Haven, FL**

Zip

**33881**

Country

**USA**

3. Mailing Address

**P.O. Box 188**

Suite, Apt. #, etc.

City & State

**Haines City, FL**

Zip

**33845-0188**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

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 registered agent.

SIGNATURE

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

**George H. Carefoot, President**

(NOTE: Registered Agent signature required when reinstating)

**1/23/2003**

DATE

**FILE NOW: FEE IS \$61.25**

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 (Change to President)** ☐ Delete  
NAME **CAREFOOT, GEORGE H**  
STREET ADDRESS **313 HAMILTON SHORE DRIVE, N.E.**  
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **D** ☐ Delete  
NAME **PINNER, ERNEST S**  
STREET ADDRESS **54 PINE FOREST DRIVE**  
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **SD** ☒ Delete  
NAME **DAVIS, MARY A**  
STREET ADDRESS **309 S. 14TH STREET**  
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **CD** ☐ Delete  
NAME **PRATT, JEAN**  
STREET ADDRESS **101 FAIRWAY DR**  
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **SD** ☒ Delete  
NAME **WHITE, JAMES**  
STREET ADDRESS **PO BOX 1484**  
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **D** ☐ 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 **D** ☐ Change ☒ Addition  
NAME **BROADAWAY, DENNIS**  
STREET ADDRESS **PO BOX 337**  
CITY-ST-ZIP **HAINES CITY, FL 33845-0337**

TITLE **D** ☐ Change ☒ Addition  
NAME **GARDNER, SHARON**  
STREET ADDRESS **316 9th STREET SOUTH**  
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **D** ☐ Change ☒ Addition  
NAME **DODD, ROBERT**  
STREET ADDRESS **228 CREST DRIVE**  
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED** **GEORGE H CAREFOOT, PRESIDENT** **1/23/03 (863)422-8990**

CR2E037 (10/02)