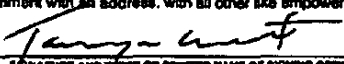


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-19-2004 90339 038 *****70.00

FILED F00000005652
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 25 PM 1:41

DOCUMENT # F00000005652					
1. Entity Name HEIFER PROJECT INTERNATIONAL, INC.					
Principal Place of Business 1015 LOUISIANA STREET LITTLE ROCK, AR 72202-3815			Mailing Address 1015 LOUISIANA STREET LITTLE ROCK, AR 72202-3815		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number: 35-1011477	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MONDORA, STEVE 819 S.W. 2ND AVENUE CAPE CORAL, FL 33991			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 (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$81.25 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LUCK, JO		NAME		
STREET ADDRESS	1015 LOUISIANA ST		STREET ADDRESS		
CITY-ST-ZIP	LITTLE ROCK, AR 72202		CITY-ST-ZIP		
TITLE	IT	☐ Delete	TITLE	SVP	☒ Change ☐ Addition
NAME	WRIGHT, TANYA		NAME		
STREET ADDRESS	1015 LOUISIANA STREET		STREET ADDRESS		
CITY-ST-ZIP	LITTLE ROCK, AR 72202		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DE VRIES, JAMES		NAME		
STREET ADDRESS	1015 LOUISIANA STREET		STREET ADDRESS		
CITY-ST-ZIP	LITTLE ROCK, AR 72202		CITY-ST-ZIP		
TITLE	VC	☐ Delete	TITLE	C	☒ Change ☐ Addition
NAME	STEWART, CHARLES		NAME		
STREET ADDRESS	PO BOX 1471		STREET ADDRESS		
CITY-ST-ZIP	LITTLE ROCK, AR 72203		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PETERSON, TOM		NAME		
STREET ADDRESS	1015 LOUISIANA STREET		STREET ADDRESS		
CITY-ST-ZIP	LITTLE ROCK, AR 72202		CITY-ST-ZIP		
TITLE	C	☒ Delete	TITLE	VC	☐ Change ☒ Addition
NAME	BRUCE, TOM		NAME	Mondora, Steve	
STREET ADDRESS	8 SPYGLASS LANE		STREET ADDRESS	819 S.W. 2nd Avenue	
CITY-ST-ZIP	LITTLE ROCK, AR 72212		CITY-ST-ZIP	Cape Coral, FL 33991	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 		Tanya Wright		4/16/04 501-907-2600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

5125 AD