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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 25 PM 1:41

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000005652

1. Entity Name
HEIFER PROJECT INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1015 LOUISIANA STREET LITTLE ROCK, AR 72202-3815	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

04122004 Chg-NP CR2E037 (10/03)

4. FEI Number: 35-1011477 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P LUCK, JO 1015 LOUISIANA ST LITTLE ROCK, AR 72202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IT WRIGHT, TANYA 1015 LOUISIANA STREET LITTLE ROCK, AR 72202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DE VRIES, JAMES 1015 LOUISIANA STREET LITTLE ROCK, AR 72202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC STEWART, CHARLES PO BOX 1471 LITTLE ROCK, AR 72203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PETERSON, TOM 1015 LOUISIANA STREET LITTLE ROCK, AR 72202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C BRUCE, TOM 6 SPYGLASS LANE LITTLE ROCK, AR 72212	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC Mondora, Steven 819 S.W. 2nd Avenue Cape Coral, FL 33991	☐ Change ☒ Addition

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: Tanya Wright 4/16/04 501-907-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/25 AD