2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

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

01132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-1019477

☐ 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

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LUCK, JO
STREET ADDRESS	1015 LOUISIANA ST
CITY-ST-ZIP	LITTLE ROCK, AR 72202
TITLE	SVP
NAME	WRIGHT, TANYA
STREET ADDRESS	1015 LOUISIANA STREET
CITY-ST-ZIP	LITTLE ROCK, AR 72202
TITLE	S
NAME	DE VRIES, JAMES
STREET ADDRESS	1015 LOUISIANA STREET
CITY-ST-ZIP	LITTLE ROCK, AR 72202
TITLE	C
NAME	STEWART, CHARLES
STREET ADDRESS	PO BOX 1471
CITY-ST-ZIP	LITTLE ROCK, AR 72203
TITLE	V
NAME	PETERSON, TOM
STREET ADDRESS	1015 LOUISIANA STREET
CITY-ST-ZIP	LITTLE ROCK, AR 72202
TITLE	VC
NAME	MONDORA, STEVE
STREET ADDRESS	819 S.W. 2ND AVENUE
CITY-ST-ZIP	CAPE CORAL, FL 33991

U00000316622
04/19/05-80081-025 70.00

DO NOT WRITE IN THIS SPACE

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 Tanya Wright 4/14/05 501-907-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #