

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001824

FILED
May 01, 2005
Secretary of State

Entity Name: HEARTS OF ENCOURAGEMENT RESCUE RANCH, INC.

Current Principal Place of Business:

P.O. BOX 28154
JACKSONVILLE, FL 322268154 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 28154
JACKSONVILLE, FL 322268154 US

New Mailing Address:

FEI Number: 59-3677499 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCHWECKENDIECK, ANN
1029 EASY STREET
JACKSONVILLE, FL 32218 US

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: D () Delete
Name: WHITE, NADINE R
Address: P.O. BOX 11723
City-St-Zip: JACKSONVILLE, FL 322268154

Title: D () Delete
Name: SCHWECKENDIECK, ANN
Address: 1029 EASY STREET
City-St-Zip: JACKSONVILLE, FL 322184837

Title: D () Delete
Name: WILSON, RANDY L
Address: 11541 N. WINGATE RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: P () Delete
Name: DICKINS, DEBI A PRESIDE
Address: P.O. BOX 28154
City-St-Zip: JACKSONVILLE, FL 322268154 US

Title: D () Delete
Name: ELTON, MONIQUE
Address: 415 CLAUDIA DRIVE
City-St-Zip: JACKSONVILLE, FL 32218 US

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
Name:
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 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 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: DEBI A DICKINS

P

05/01/2005

Electronic Signature of Signing Officer or Director

Date