2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

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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:

13701 OC HORNE RD
SANDERSON, FL 32087 US

Current Mailing Address:

P.O. BOX 28154
JACKSONVILLE, FL 322268154 US

New Mailing Address:

13701 OC HORNE RD
SANDERSON, FL 32087 US

FEI Number: 59-3677499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHWECKENDIECK, ANN
1029 EASY STREET
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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: KNOWLES, DEBI A PRESIDE
Address: 13701 O.C. HORNE ROAD
City-St-Zip: SANDERSON, FL 32087 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 exemption stated in Chapter 119, 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 KNOWLES PRES 04/30/2007
Electronic Signature of Signing Officer or Director — Date