

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001824

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: HEARTS OF ENCOURAGEMENT RESCUE RANCH, INC.

**Current Principal Place of Business:**

13701 OC HORNE RD  
SANDERSON, FL 32087 US

**New Principal Place of Business:**

**Current Mailing Address:**

13701 OC HORNE RD  
SANDERSON, FL 32087 US

**New Mailing Address:**

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

04/30/2008

Electronic Signature of Signing Officer or Director

Date