

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 22, 2006  
Secretary of State**

DOCUMENT# N00000003878

Entity Name: HEARTLAND COMMUNITY CHURCH OF LAKE CITY, INC.

**Current Principal Place of Business:**

5979 SW STATE ROAD 247  
LAKE CITY, FL 32024

**New Principal Place of Business:**

**Current Mailing Address:**

5979 SW STATE ROAD 247  
LAKE CITY, FL 32024

**New Mailing Address:**

FEI Number: 59-3657436      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CASSIDY, TIMOTHY P SR.  
5979 SW STATE ROAD 247  
LAKE CITY, FL 32024    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: PD      ( ) Delete  
Name: CASSIDY, TIMOTHY P SR.  
Address: ROUTE 5, BOX 50317  
City-St-Zip: LAKE CITY, FL 32024

Title: SD      ( ) Delete  
Name: CASSIDY, SHERRI W  
Address: 5979 SW STATE ROAD 247  
City-St-Zip: LAKE CITY, FL 32024

Title: TD      ( ) Delete  
Name: BROWN, CHARLES B III  
Address: ROUTE 17, BOX 871  
City-St-Zip: LAKE CITY, FL 32055

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: CASSIDY, TIMOTHY P SR.  
Address: 5979 SW STATE ROAD 247  
City-St-Zip: LAKE CITY, FL 32024

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 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: TIMOTHY P. CASSIDY

PD

04/22/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date