

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90140 019 ****70.00

DOCUMENT # N01000000258

1. Entity Name
HEARTLAND CULTURAL ALLIANCE, INC.



Principal Place of Business
**419 LAKE JUNE DRIVE
LAKE PLACID, FL 33852**

Mailing Address
**419 LAKE JUNE DRIVE
LAKE PLACID, FL 33852**

50065282



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08282005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-1074665

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHN K. MCCLURE, P.A.
230 S COMMERCE AVE
SEBRING, FL 33870**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GARNICH, GOLDIE**
STREET ADDRESS **4523 VIVIAN DR**
CITY-ST-ZIP **SEBRING, FL 33870**

TITLE **VP** ☐ Delete
NAME **BRENNER, JO**
STREET ADDRESS **1631 ROOSEVELT AVE**
CITY-ST-ZIP **SEBRING, FL 33875**

TITLE **T** ☒ Delete
NAME **SMITH, LORRIE**
STREET ADDRESS **483 SE LAKEVIEW DR**
CITY-ST-ZIP **SEBRING, FL 33870**

TITLE **SED** ☐ Delete
NAME **BELL, ROSE**
STREET ADDRESS **419 LAKE JUNE DRIVE**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **P** ☒ Delete
NAME **HOWERTON, DONNA**
STREET ADDRESS **4502 US HWY 98**
CITY-ST-ZIP **SEBRING, FL 33957**

TITLE **D** ☒ Delete
NAME **FITCH, JIM**
STREET ADDRESS **600 COLLEGE DR**
CITY-ST-ZIP **AVON PARK, FL 33825**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **112 Zodiac Rd.**
STREET ADDRESS **Sebring, FL 33876-9622**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **1631 Lambeau Ave.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **T Charlotte Pressler**
STREET ADDRESS **425 Rose Ave.**
CITY-ST-ZIP **Sebring, FL 33870**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **S Ramona Glenn**
STREET ADDRESS **3801 Oakview Dr.**
CITY-ST-ZIP **Sebring, FL 33876**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Goldie Garnich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Goldie Garnich

863-655-5642