

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000258

FILED
Jul 10, 2006
Secretary of State

Entity Name: HEARTLAND CULTURAL ALLIANCE, INC.

Current Principal Place of Business:

419 LAKE JUNE DRIVE
LAKE PLACID, FL 33852

New Principal Place of Business:

108 N RIDGEWOOD DR
SEBRING, FL 33870 US

Current Mailing Address:

419 LAKE JUNE DRIVE
LAKE PLACID, FL 33852

New Mailing Address:

PO BOX 7154
SEBRING, FL 33872 US

FEI Number: 65-1074665 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:

JOHN K. MCCLURE, P.A.
230 S COMMERCE AVE
SEBRING, FL 33870 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: P () Delete
Name: GARNICH, GOLDIE
Address: 112 ZODIAC RD
City-St-Zip: SEBRING, FL 33876

Title: VP () Delete
Name: BRENNER, JO
Address: 1631 LAMBEAU AVE
City-St-Zip: SEBRING, FL 33875

Title: T () Delete
Name: PRESSLER, CHARLOTTE
Address: 425 ROSE AVE
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: BELL, ROSE
Address: 419 LAKE JUNE DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: S () Delete
Name: GLENN, RAMONA
Address: 3801 OAKVIEW DR
City-St-Zip: SEBRING, FL 33876

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: D (X) Change () Addition
Name: ENGLISH, PATRICIA
Address: 121 RIVERWOODS CIR
City-St-Zip: LORIDA, FL 33857

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: GOLDIE GARNICH

P

07/10/2006

Electronic Signature of Signing Officer or Director

Date