2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State
03-24-2008 90038 044 ****61.25

DOCUMENT # N01000000258

1. Entity Name

HEARTLAND CULTURAL ALLIANCE, INC.

Principal Place of Business	Mailing Address
108 N RIDGEWOOD DR SEBRING FL 33870 US	PO BOX 7154 SEBRING FL 33872 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No. & P.O. Box #	3. Mailing Address
110 N. Circle Park Dr	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sebring FL	City & State
Zip: 33870 Country: Highlands	Zip Country

4. FEI Number: 65-1074665 ☐ Applied For ☐ Not Applicable

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: Thomas W. Lenihan E.A., Inc. Street Address (P.O. Box Number is Not Acceptable): 154 W. Center Avenue City: Sebring FL **FL** Zip Code: 33870-3103

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: Charlotte A Pressler Charlotte A. Pressler (Treas.) 11 March 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GARNICH, GOLDIE 112 ZODIAC RD SEBRING FL 33876	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BRENNER, JO 1631 LAMBEAU AVE SEBRING FL 33875	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PRESSLER, CHARLOTTE 425 ROSE AVE SEBRING FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GLENN, RAMONA 3801 OAKVIEW DR SEBRING FL 33876	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Charlotte A Pressler Charlotte A Pressler 11 March 2008 863-784-7247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #