


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90177 010 ****70.00

EPDVNF0U!\$ N01000000696 2/ Entity Name HEARTLAND PENTECOSTAL CHURCH, INC.	
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Principal Place of Business 6121 16161000TU TFCSDHQM44981	Mailing Address QF10PY147: TFCSDHQM44982
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3/ Principal Place of Business - No P.O. Box # 505 N. Pine St.	4/ Mailing Address P.O. Box 369
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sebring FL	City & State Sebring, FL
Zip 33870	Zip 33871
Country Highlands	Country Highlands

7/ Obn f lboelBeesf t t lpgDves ouSf hjt u f d e lBhf ou CARMODY, LARRY 118 SHANNON WAY SEBRING, FL 33870	8/ Obn f lboelBeesf t t lpgOf x tSf hjt u f d e lBhf ou Name Street Address (P.O. Box Number is Not Acceptable) City GM Zip Code
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9/ 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	10/ Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	11/ NbzlOf l Beef elupG ft	Make check payable to Florida Department of State
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21/ OFFICERS AND DIRECTORS		22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARMODY, LARRY 118 SHANNON WAY SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARMODY, MARY 118 SHANNON WAY SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CARLINI, TOM 1337 NANCESOWEE SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ETCHASON, RICHARD 115 SHARROW WAY SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Etchason Richard 3000 Villa Rd Apt. 1 Sebring, FL 33870 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

23/ I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

TJHOBVSF;  3-27-07
TJHOBVSF1001020F1P8108LDFE10BNF10T1H0LH1P000S1P8108LDF0P8 Date Daytime Phone #