

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

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90029 007 ****61.25

DOCUMENT # N01000004318

1. Entity Name

HEARTLAND AVIAN SOCIETY, INC.



Principal Place of Business

3349 NORTHERN BLVD
LAKE PLACID FL 33852
US

Mailing Address

P.O. BOX 3864
SEBRING FL 33871-3864
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

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

BOLDT, CATHY
2119 AVALON RD.
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

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

TITLE **TD** ☐ Delete
NAME **BOLDT, CATHY**
STREET ADDRESS **2119 AVALON RD**
CITY- ST- ZIP **SEBRING FL 33870-1508**

TITLE **V** ☐ Delete
NAME **TRAVISON, TOM**
STREET ADDRESS **306 BRIGHTON RD**
CITY- ST- ZIP **SEBRING FL 33870**

TITLE **P** ☐ Delete
NAME **JUNE, MAXINE**
STREET ADDRESS **3349 NORTHERN BLVD**
CITY- ST- ZIP **LAKE PLACID FL 33852**

TITLE **S** ☐ Delete
NAME **WHITE, CINDY**
STREET ADDRESS **2301 SANTA ROSA AVE**
CITY- ST- ZIP **AVON PARK FL 33825**

TITLE **D** ☒ Delete
NAME **CRANE, CE CE**
STREET ADDRESS **166 PEARL RD**
CITY- ST- ZIP **LAKE PLACID FL 33852**

TITLE **D** ☒ Delete
NAME **TRAVISON, RED**
STREET ADDRESS **306 BRIGHTON RD**
CITY- ST- ZIP **SEBRING FL 33870**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **June, Velva**
STREET ADDRESS **same address**
CITY- ST- ZIP

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

TITLE **V** ☐ Change ☒ Addition
NAME **Puckett, Gary**
STREET ADDRESS **2623 Mellow Ln**
CITY- ST- ZIP **Sebring FL 33870**

TITLE **D** ☐ Change ☒ Addition
NAME **KARIN schade**
STREET ADDRESS **839 Rollins St**
CITY- ST- ZIP **Lake Placid FL 33852**

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:

Cathy Boldt **Cathy Boldt**

3-25-08

863-385-3367