

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005402

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: HEARTLAND HORSES & HANDICAPPED, INC.

**Current Principal Place of Business:**

118 WEST COLLEGE DRIVE  
AVON PARK, FL 33825

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3787  
SEBRING, FL 338713787

**New Mailing Address:**

FEI Number: 59-3734965

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARLSON, JEFF CPA  
3531 US 27 SOUTH  
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: D ( ) Delete  
Name: ALBRITON, JIM  
Address: 2104 NORTH TORRINGTON ROAD  
City-St-Zip: AVON PARK, FL 33825

Title: D ( ) Delete  
Name: BECKMAN, RHONDA  
Address: 4729 ALCANTARRA AVE  
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete  
Name: HUGHES, DANNY  
Address: 5605 DESOTO ROAD  
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete  
Name: LENHART, TED  
Address: PO BOX 2707  
City-St-Zip: LAKE PLACID, FL 338622707

Title: D ( ) Delete  
Name: TAVENIERE, KATHLEEN  
Address: PO BOX 4413  
City-St-Zip: SEBRING, FL 338714413

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ALBRITON, JIM  
Address: 1177 SOUTH HICKORY TRAIL  
City-St-Zip: AVON PARK, FL 33825

Title: D (X) Change ( ) Addition  
Name: BECKMAN, RHONDA  
Address: 4729 ALCANTARRA AVENUE  
City-St-Zip: SEBRING, FL 33870

Title: D (X) Change ( ) Addition  
Name: NICHOLS, BILL  
Address: 100 NICHOLS WAY  
City-St-Zip: SEBRING, FL 33875

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: WILCOXON, ART  
Address: 124 REDWATER POINT  
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information supplied with this filing does not qualify 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: KATHLEEN M. TAVENIERE

D

01/07/2008

Electronic Signature of Signing Officer or Director

Date