

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005402

FILED  
Feb 17, 2010  
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:**

118 WEST COLLEGE DRIVE  
AVON PARK, FL 33825 US

**Current Mailing Address:**

PO BOX 3787  
SEBRING, FL 338713787

**New Mailing Address:**

PO BOX 3787  
SEBRING, FL 338713787 US

**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 NCT GROUP CPA'S, LLP  
435 SOUTH COMMERCE AVENUE  
SEBRING, FL 338703702 US

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: TAMMY J. HANCOCK, CPA

02/17/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: CASTILOW, MARIA  
Address: 929 WEST LAKE DAMON DRIVE  
City-St-Zip: AVON PARK, FL 33825 US

Title: VP  
Name: VAN HOOREWEGHE, FRANCIS  
Address: 4206 MANDARIN ROAD  
City-St-Zip: SEBRING, FL 33875 US

Title: D  
Name: NICHOLS, BILL  
Address: 100 NICHOLS WAY  
City-St-Zip: SEBRING, FL 33875 US

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

Title: TRES  
Name: TAVENIERE, KATHLEEN  
Address: PO BOX 4413  
City-St-Zip: SEBRING, FL 338714413 US

Title: SECT  
Name: VAN HOOREWEGHE, MARY  
Address: 4206 MANDARIN ROAD  
City-St-Zip: SEBRING, FL 33875 US

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN M. TAVENIERE

TRES

02/17/2010

Electronic Signature of Signing Officer or Director

Date