

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008723

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: HEARTLAND CHRISTIAN CENTER, EAST COAST, INC.

**Current Principal Place of Business:**

230 COLUMBIA DR.  
101  
CAPE CANAVERAL, FL 32920 US

**New Principal Place of Business:**

**Current Mailing Address:**

230 COLUMBIA DR.,  
101  
CAPE CANAVERAL, FL 32920 US

**New Mailing Address:**

230 COLUMBIA DR.  
101  
CAPE CANAVERAL, FL 32920 US

FEI Number: 59-3755456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SHOALS, CHERYL H  
230 COLUMBIA DR.,  
101  
CAPE CANAVERAL, FL 32920 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: PD ( ) Delete  
Name: SHOALS, MILLARD  
Address: 230 COLUMBIA DR., #101  
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: STD ( ) Delete  
Name: SHOALS, CHERYL H  
Address: 230 COLUMBIA DR., #101  
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: D ( ) Delete  
Name: D'ALESIO, MARY J  
Address: 827 PARK TRAIL DR.  
City-St-Zip: CLERMONT, FL 34711 US

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

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

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

Title: D (X) Change ( ) Addition  
Name: RAINEY, RUBY L  
Address: 6720 SOUTH CORNELL AVENUE # 1014  
City-St-Zip: CHICAGO, IL 60649 US

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: CHERYL H SHOALS

STD

02/16/2009

Electronic Signature of Signing Officer or Director

Date