

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01042

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: HEARTLAND INTERGROUP OF AA, INC.

## Current Principal Place of Business:

1035 S. FLORIDA AVENUE  
SUITE 180  
LAKELAND, FL 33803

## New Principal Place of Business:

## Current Mailing Address:

1035 S. FLORIDA AVENUE  
SUITE 180  
LAKELAND, FL 338031165

## New Mailing Address:

1035 S. FLORIDA AVENUE  
SUITE 180  
LAKELAND, FL 33803

FEI Number: 59-2371767

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SERVO, BRUCE  
327 EAGLE LAKE LOOP RD  
WINTER HAVEN, FL 33880 US

## Name and Address of New Registered Agent:

SMITH, MARY F OM  
425 WEST HIGHLAND ST.  
LAKELAND, FL 33803 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: MARY F. SMITH

02/16/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SERVO, BRUCE  
Address: 327 EAGLE LAKE LOOP RD  
City-St-Zip: WINTER HAVEN, FL 33880

Title: S ( ) Delete  
Name: SERVO, BETTY  
Address: 327 EAGLE LAKE LOOP RD  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D ( ) Delete  
Name: MCCAFFERTY, CHUCK  
Address: 6036 JUNCTION CIRCLE  
City-St-Zip: LAKELAND, FL 33805

Title: OM ( ) Delete  
Name: SMITH, MARY F  
Address: 425 W. HIGHLAND ST.  
City-St-Zip: LAKELAND, FL 33803

Title: T ( ) Delete  
Name: HAWKES, ED  
Address: 3114 BELLFLOWER WAY  
City-St-Zip: LAKELAND, FL 33811

Title: D ( ) Delete  
Name: HUNT, LAUREN  
Address: 6936 NELLE WAY  
City-St-Zip: LAKELAND, FL 33813

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: HUNT, LAUREN  
Address: 6736 NELLE WAY  
City-St-Zip: LAKELAND, FL 33813

Title: S (X) Change ( ) Addition  
Name: PAVAO, JOANIE  
Address: 1305 COVEY CIRCLE SOUTH  
City-St-Zip: LAKELAND, FL 33809

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

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

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

Title: VC (X) Change ( ) Addition  
Name: WHITTEMORE, WALT  
Address: 5190 OAKWOOD TRAIL  
City-St-Zip: MULBERRY, FL 33860

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: MARY F. SMITH

OM

02/16/2009

Electronic Signature of Signing Officer or Director

Date