2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Mar 21, 2005 8:00 am Secretary of State DOCUMENT # N02000002438 03-21-2005 90110 004 ***150.00 HEARTLAND CAT RESCUE & ADOPTION SOCIETY INC. Principal Place of Business Mailing Address 2103 FLOWER TERR 2103 FLOWER TERR 50028997 SEBRING FL 33875 SEBRING FL 33875 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 37-1426334 Not Applicable 7ip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RANKINE, SUSAN A Street Address (P.O. Box Number is Not Acceptable) 2103 FLOWER TERR SEBRING FL 33875 City 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 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Defete Change TITLE TITLE KANKINE RANKINE, SUSAN A NAME NAME 2103 FLOWER TERR STREET ADDRESS STREET ADDRESS DEBRING FA. 33875 SEBRING FL 33875 CITY-ST-ZIP CITY-ST-7/P X Delete TITLE ☐ Change ☐ Addition RANKINE, JANICE E NAME NAME 2109 FLOWER TERR STREET ADDRESS STREET ADDRESS SEBRING FL 33875 CITY-ST-7IP CITY-ST-7IP DST TITLE Delete TITLE ☐ Addition RANKINE, ESTELLE E NAME NAME 2109 FLOWER TERR STREET ADDRESS STREET ADDRESS SEBRING FL 33875 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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

USAN F. ROWKING 3-7-05 863-382-7138
GOFFICER OR DIRECTOR
Date
Date
Description

FILED