2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 08, 2006 8:00 am Secretary of State DOCUMENT # N02000002438 1. Entity Name 03-08-2006 90179 012 ****61.25 HEARTLAND CAT RESCUE & ADOPTION SOCIETY INC. Principal Place of Business Mailing Address 2103 FLOWER TERR 2103 FLOWER TERR SEBRING FL 33875 SEBRING FL 33875 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 37-1426334 Not Applicable Zip Country Zip 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 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. DP TITLE □ Delete TITLE ☐ Change ☐ Addition RANKINE, SUSAN A NAME NAME 2103 FLOWER TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING FL 33875 CITY-ST-ZIP Vier-President Delete TITLE 14 Change ☐ Addition TITLE SANDRA HARVEY RANKINE, JANICE E NAME NAME 2109 FLOWER TERR STREET ADDRESS STREET ADDRESS SEBRING FL 33875 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition KIM EVANS RANKINE, ESTELLE E NAME NAME 216 RAIL AVENUE STREET ADDRESS 2109 FLOWER TERR STREET ADDRESS SEBRING FL 33875 CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TIT! F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SUSAN A. RANKING PMS. 2/23/06 863-382-7/38