


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90009 018 ****61.25

DOCUMENT # N02000004553	
1. Entity Name HEARTLAND FOR CHILDREN, INC.	

Principal Place of Business 1239 E MAIN ST BARTOW, FL 33830	Mailing Address POB 1017 BARTOW, FL 33831
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

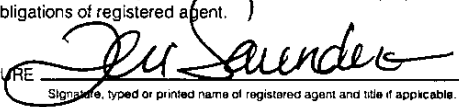


03072008 Chg-NP CR2E037 (12/06)

4. FEI Number 02-0619609	Applied For <input type="checkbox"/> Not Applicable
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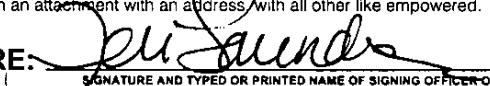
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BIDDLEMAN, MARCIE 1239 E MAIN ST BARTOW, FL 33830		Name Teri Saunders Street Address (P.O. Box Number is Not Acceptable) 1239 E. Main St. City Bartow FL Zip Code 33830	

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 	Teri Saunders, Executive Director 3/27/08 (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MB STROUT, BRIAN 1239 E MAIN ST BARTOW, FL 33830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See Attached.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDD BIDDLEMAN, MARCIE 5850 TG LEE BLVD., STE. 400 ORLANDO, FL 32822 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCGILL, MARGARET 2012 RENAISSANCE BLVD KING OF PRUSSIA, PA 19406 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MB FORD, DEBORAH 1239 EAST MAIN ST BARTOW, FL 33830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDD BIDDLEMAN, MARCIE 1239 EAST MAIN ST BARTOW, FL 33830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MB SIMMERS, CHERIE 1239 E MAIN ST BARTOW, FL 33830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 	Teri Saunders 3/27/08 863-899-0765 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40054409
NO20000004553

11. Additions/Changes to Officers and Directors in 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDD Teri Saunders 1239 E. Main St. Bartow, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Timothy Brooks 1239 E. Main St. Bartow, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Mischelle Anderson 1239 E. Main St. Bartow, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cherie Simmers 1239 E. Main St. Bartow, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MaryLee Hollis 1239 E. Main St. Bartow, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kevin Roberts 1239 E. Main St. Bartow, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael James Self 1239 E. Main St. Bartow, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Terry Borglund 1239 E. Main St. Bartow, FL 33830