

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90181 025 ****70.00

DOCUMENT # N04000005941

1. Entity Name
HEARTLAND FILAM ASSOCIATION, INC.



Principal Place of Business
**1420 US 27 N
AVON PARK, FL 33825**

Mailing Address
**1420 US 27 N
AVON PARK, FL 33825**

50023575



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
42-1634826 Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VELMONTE, BENJAMIN V CPA
2183 US 27 N
SEBRING, FL 33870**

Name **BOUFFARD, KEVIN**

Street Address (P.O. Box Number is Not Acceptable)

300 W. LIME ST.

City **LAKELAND,**

FL

Zip Code **33815**

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 *Kevin A. Bouffard*

March 1, 2005

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME **BOUFFARD, AMADA** ☐ Delete
STREET ADDRESS **1420 US 27 N**
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE **PANINGBATAN, SANNY** ☐ Change ☒ Addition
NAME **1450 SR 64 WEST**
STREET ADDRESS **WAUCHULA, FL 33873**
CITY-ST-ZIP

TITLE D ☒ Delete
NAME **VELMONTE, TERI S**
STREET ADDRESS **3815 RAMIRO ST**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **ZIMMER, TERESITA** ☐ Change ☒ Addition
NAME **1850 S. HOLLY HURST DR**
STREET ADDRESS **AVON PARK, FL 33825**
CITY-ST-ZIP

TITLE D ☐ Delete
NAME **MEDINA, NELLY**
STREET ADDRESS **PO BOX 837**
CITY-ST-ZIP **AVON PARK, FL 33826**

TITLE D ☐ Change ☒ Addition
NAME **CAIBIO, MANUEL**
STREET ADDRESS **2137 MEMORIAL DR.**
CITY-ST-ZIP **SEBRING, FL 33870**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **FARARO, SUSANA** ☐ Change ☒ Addition
NAME **2848 BRIARWOOD LANE**
STREET ADDRESS **SEBRING, FL 33875**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S MEDINA, NELLY** ☒ Change ☐ Addition
NAME **409 E MAIN ST.**
STREET ADDRESS **AVON PARK, FL 33825**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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), 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: *Amada Bouffard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1, 2005

DATE

863-452-1515

DAYTIME PHONE