

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90011 043 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**42-1634826**

Applied For  
Not Applicable

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

**BOUFFARD, KEVIN  
300 W. LIME ST  
LAKELAND, FL 33815**

Name

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

City

**FL**

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 **KEVIN BOUFFARD**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

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

TITLE **S** ☐ Change ☒ Addition  
NAME **PANINGBATAN, LUN**  
STREET ADDRESS **3146 SEDGEWICK DR.**  
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE T ☒ Delete  
NAME ZIMMER, TERESITA  
STREET ADDRESS 1850 S. HOLLY HURST DR  
CITY-ST-ZIP AVON PARK, FL 33825

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☒ Delete  
NAME PANINGBATAN, SANNY  
STREET ADDRESS 1450 SR 64 WEST  
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE **V** ☒ Change ☐ Addition  
NAME **PANINGBATAN, SANNY**  
STREET ADDRESS **3146 SEDGEWICK DR.**  
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE D ☐ Delete  
NAME CAIBIO, MANUEL  
STREET ADDRESS 2137 MEMORIAL DR  
CITY-ST-ZIP SEBRING, FL 33870

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME FARARO, SUSANA  
STREET ADDRESS 2848 BRIARWOOD LANE  
CITY-ST-ZIP SEBRING, FL 33875

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

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: **AMADA BOUFFARD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/06** **863-452-1515**  
Date Daytime Phone #