

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90078 036 ****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 - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State		4. FEI Number 42-1634826																									
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BOUFFARD, KEVIN 300 W. LIME ST LAKELAND, FL 33815				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 <u><i>KEVIN BOUFFARD Kevin Bouffard</i></u> <u>3-6-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$61.25 Due by May 1, 2007		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																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">PD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BOUFFARD, AMADA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1420 US 27 N</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>AVON PARK, FL 33825</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">P</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SANNY PANINGBATAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3146 ZEDGEWICK ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>AVON PARK, FL 33825</td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	BOUFFARD, AMADA		STREET ADDRESS	1420 US 27 N		CITY-ST-ZIP	AVON PARK, FL 33825		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SANNY PANINGBATAN		STREET ADDRESS	3146 ZEDGEWICK ST.		CITY-ST-ZIP	AVON PARK, FL 33825	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SANNY PANINGBATAN

3/06/07

(863) 452-1712