


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90013 029 ****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 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 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 _____ (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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BOUFFARD, KEVIN 300 W LIME STREET LAKELAND, FL 33815	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S. EDUARDO M. RENIGEN 2614 VALERIE BLV. SEBRING, FL. 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PANINGBATAN, SANNY 3146 SEDGEWICK DR AVON PARK, FL 33825	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T. DAISY T. RENIGEN 2614 VALERIE BLV. SEBRING, FL. 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEDINA, NELLY 409 E MAIN ST AVON PARK, FL 33826	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. VICTORINA RAMOS 1751 CROTON ROAD AVON PARK, FL. 33825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PANINGBATAN, MELINDA 82005 78TH AVE WAUCHULA, FL 33873	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. LIBY CORPUS 1438 STATE ROAD 64 WEST WAUCHULA, FL. 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LARSON, REYNALDO E 22302 VICK ST #114 PORT CHARLOTTE, FL 33480	<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	TD FARARO, SUSANA 2848 BRIARWOOD LANE SEBRING, FL 33875	<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: <i>Eduardo M. Renigen</i>				<i>Feb. 25, 2008</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	