

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005947

FILED
Mar 31, 2009
Secretary of State

Entity Name: HEARTLAND SOCCER CLUB, INC.

Current Principal Place of Business:

4417 PITCHING WEDGE WAY
SEBRING, FL 33872

New Principal Place of Business:

Current Mailing Address:

4417 PITCHING WEDGE WAY
SEBRING, FL 33872

New Mailing Address:

PO BOX 7997
SEBRING, FL 33872

FEI Number: 20-4885776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVINGSTON, ROBERT E
445 SOUTH COMMERCE AVENUE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: TALBERT, PAUL
Address: 4417 PITCHING WEDGE WAY
City-St-Zip: SEBRING, FL 33872

Title: VP () Delete
Name: COCHRAN, RONALD
Address: 115 BRITTANY LANE
City-St-Zip: SEBRING, FL 33875

Title: TRES () Delete
Name: STEWART, SANDRA
Address: 5860 BRADY TRAIL
City-St-Zip: SEBRING, FL 33875

Title: REGI () Delete
Name: BLOEMSMA, DEBBIE
Address: 203 SPORTSMAN AVE
City-St-Zip: SEBRING, FL 33875

Title: DIRE () Delete
Name: ASHLEY, STEVE
Address: 3503 DAULPHINE ST
City-St-Zip: SEBRING, FL 33875

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change () Addition
Name: COCHRAN, GELENE
Address: 115 BRITTANY LANE
City-St-Zip: SEBRING, FL 33875

Title: REGI (X) Change () Addition
Name: BLOEMSMA, DEBBIE
Address: 203 SPORTSMAN AVE
City-St-Zip: SEBRING, FL 33875

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GELENE COCHRAN

S/T

03/31/2009

Electronic Signature of Signing Officer or Director

Date