

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011544

FILED
Feb 13, 2007
Secretary of State

Entity Name: FLORIDA'S HEARTLAND RURAL CONSORTIA FOR THE HOMELESS, INC.

Current Principal Place of Business:

501 S. COMMERCE AVE.
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

501 S. COMMERCE AVE.
SEBRING, FL 33870

New Mailing Address:

FEI Number: 20-5861392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REINHARDT, J. RUDY
1200 W. AVON BLVD., SUITE 109
AVON PARK, 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: PD () Delete
Name: REINHARDT, J. RUDY
Address: 1200 W. AVON BLVD.
City-St-Zip: AVON PARK, FL 33825

Title: VD () Delete
Name: VENSEL, JIM
Address: 1600 SW 2ND AVE.
City-St-Zip: OKEECHOBEE, FL 34974

Title: SD () Delete
Name: VILLAFUERTE, ERICA
Address: 500 AVE. J.
City-St-Zip: MOOR HAVEN, FL

Title: TD () Delete
Name: KURTZ, PENNY
Address: 34 S. BALDWIN AVE.
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: BETTENCOURT, ARLENE
Address: 117 F. THOMPSON AVE.
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: RAMSLAND, JEFF
Address: P. O. BOX 422
City-St-Zip: WAUCHULA, FL 33873

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: J. RUDY REINHARDT

PD

02/13/2007

Electronic Signature of Signing Officer or Director

Date