2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

1306 S. TULANE AVENUE
AVON PARK, FL 33825

New Principal Place of Business:

1200 W. AVON BOULEVARD
206
AVON PARK, FL 33825

Current Mailing Address:

1306 S. TULANE AVENUE
AVON PARK, FL 33825

New Mailing Address:

1200 W. AVON BOULEVARD
206
AVON PARK, FL 33825

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:	GEORGE, JUDITH	
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 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 P 04/15/2009

Electronic Signature of Signing Officer or Director — Date