

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90023 008 ****61.25

DOCUMENT # N07000001909					
1. Entity Name HEARTLAND COMMUNITY LAND TRUST, INC.					
Principal Place of Business 501 S COMMERCE AVE SEBRING, FL 33870			Mailing Address C/O HOUSING DIRECTOR PO BOX 1926 SEBRING, FL 33870		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02102008 Chg-NP CR2E037 (12/06)	
4. FEI Number				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAMLIN, CURTIS D ESQ 1205 MANATEE AVE WEST BRADENTON, FL 34205			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 D NAME PHILLIPPI, PENNY STREET ADDRESS 501 S COMMERCE AVE CITY-ST-ZIP SEBRING, FL 33870	<input type="checkbox"/> Delete		TITLE D NAME Penny Phillippi STREET ADDRESS 2210 Immokalee Drive CITY-ST-ZIP Immokalee, FL 34142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME RYAN, BONNIE STREET ADDRESS 1901 US HWY 27 S CITY-ST-ZIP SEBRING, FL 33970	<input type="checkbox"/> Delete		TITLE D NAME Roger Hood STREET ADDRESS 3200 US Hwy. 27, Suite 301 CITY-ST-ZIP Sebring, FL 33870	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME REVELL, LEANA STREET ADDRESS 6004 STAFFORD OAKS DRIVE CITY-ST-ZIP SEBRING, FL 33875	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME BAGWELL, JEFF STREET ADDRESS 2005 S FLORIDA AVE CITY-ST-ZIP LAKELAND, FL 33803	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME REGO, SEAN A STREET ADDRESS 426 SCHOOL BOARD STREET CITY-ST-ZIP SEBRING, FL 33870	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME GILLIARD, JANET STREET ADDRESS 412 W ORANGE ST CITY-ST-ZIP WAUCHULA, FL 33873	<input type="checkbox"/> Delete		<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>Penny Phillippi</i> Penny Phillippi			Feb. 10, 2008 863.441.5043		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		