

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005117

FILED
Apr 30, 2009
Secretary of State

Entity Name: HEARTLAND IDOL, INC.

Current Principal Place of Business:

5327 IVORY DR.
SEBRING, FL 33875

New Principal Place of Business:

Current Mailing Address:

5327 IVORY DR.
SEBRING, FL 33875

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCOLLUM, MANCINELLI & PEREZ, P.L.
129 S. COMMERCE AVE.
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

MCCOLLUM & MANCINELLI, P.L.
129 S. COMMERCE AVE.
SEBRING, FL 33870 US

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: JAMES F. MCCOLLUM

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P,S () Delete
Name: WALKER, DIANA L
Address: 2000 E. CLARADGE AVE
City-St-Zip: AVON PARK, FL 33825

Title: VP,T () Delete
Name: HIRSH, DEBBY
Address: 5329 IVORY DR.
City-St-Zip: SEBRING, FL 33875

Title: D () Delete
Name: MCCOLLUM, JAMES F
Address: 129 S. COMMERCE AVE.
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: WALKER, DIANA L
Address: 200 E CLARADGE AVE.
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: HIRSH, DEBBY
Address: 5329 IVORY DR.
City-St-Zip: SEBRING, FL 33875

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: TROUTMAN, ROBERT
Address: 330 US HWY 27, SUITE 2
City-St-Zip: SEBRING, FL 33870

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: JAMES F. MCCOLLUM

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date