

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006661

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: HEARTLAND TRIATHLON, INC.

## Current Principal Place of Business:

227 US HWY 27 NORTH  
SEBRING, FL 33870

## New Principal Place of Business:

## Current Mailing Address:

227 US HWY 27 NORTH  
SEBRING, FL 33870

## 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:

PALLONE, SARAH J DIR.  
227 US HWY 27 NORTH  
SEBRING, FL 33870 US

## Name and Address of New Registered Agent:

PALLONE, SARAH J DIR  
227 US HWY 27 NORTH  
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: SARAH PALLONE

04/20/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete  
Name: JONES, SUSAN  
Address: 227 US HWY 27 NORTH  
City-St-Zip: SEBRING, FL 33870

Title: DIR ( ) Delete  
Name: NOEL, DAVID  
Address: 227 US HWY 27 NORTH  
City-St-Zip: SEBRING, FL 33870

Title: DIR ( ) Delete  
Name: STEPHENS, NORMAN  
Address: 227 US HWY 27 NORTH  
City-St-Zip: SEBRING, FL 33870

Title: DIR ( ) Delete  
Name: LINHART, BRUCE  
Address: 227 US HWY 27 NORTH  
City-St-Zip: SEBRING, FL 33870

Title: DIR ( ) Delete  
Name: HEINTZ, KIM  
Address: 227 US HWY 27 NORTH  
City-St-Zip: SEBRING, FL 33870

Title: DIR ( ) Delete  
Name: SCHOMMER, NICHOLAS  
Address: 227 US HWY 27 NORTH  
City-St-Zip: SEBRING, FL 33870

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DIR (X) Change ( ) Addition  
Name: JOHNSON, D. CRAIG DIR  
Address: 227 US HWY 27 NORTH  
City-St-Zip: SEBRING, FL 33870

Title: DIR (X) Change ( ) Addition  
Name: ELWELL, DON E  
Address: 227 US HWY 27 NORTH  
City-St-Zip: SEBRING, FL 33870

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: KIM HEINTZ

DIR

04/20/2009

Electronic Signature of Signing Officer or Director

Date