2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 07, 2006 8:00 am Secretary of State DOCUMENT # N13673 04-07-2006 90039 018 ****70.00 HEARTLAND ECONOMIC DEVELOPMENT AUTHORITY. INC. Principal Place of Business Mailing Address SOURTORD 450 W MAIN ST 450 W MAIN ST P.O. BOX 1761 P.O. BOX 1761 BARTOW, FL 33830-8761 BARTOW, FL 33830-8761 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-2997739 Applied For City & State City & State Not Applicable Zin. Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Gary Hartfield SPEED, CAROLYN Street Address (P.O. Box Number is Not Acceptable) 1835 SHERWOOD LAKES BLVD LAKELAND, FL 33809 1403 4th Street, SW City Largo Zip Code 33770 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 but title il applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Ċ ☐ Delete TITLE TITLE ☐ Change ☐ Addition KING, ROBERT NAME NAME STREET ADORESS 515 EAST LEMON ST STREET ADDRESS LAKE ALFRED, FL CITY-ST-7P CITY-ST-7P Interim Executive Director X Delete TITLE TITLE ☐ Addition NAME SPEED, CAROLYN NAME Gary Hartfield STREET ADDRESS 1835 SHERWOOD LAKES BLVD STREET ADDRESS 1403 4th Street SW CITY-ST-ZIP LAKELAND, FL 33809 CITY-ST-7IP ☐ Delete ☐ Addition TITLE TITLE Change STREETER, CHARLES NAME NAME STREET ADDRESS 832 AVENUE T NE STREET ADDRESS CITY-ST-7IP WINTER HAVEN, FL. 33880 COY-ST-7P TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME FLOWERS, OWEN NAME PO BOX 1447 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF HAINES CITY, FL 33844 CITY-ST-ZIP ☐ Change ☐ Addition TITO F PAR X Delete TITLE NAME SATCHEL, FRANK R JR NAME 806 SE THIRD STREET STREET ADDRESS STREET ADDRESS MULBERRY, FL 33860 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Horida 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, Horida 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.

OF SIGNING OFFICER OR DIRECTOR

Gary Hartitald

FILED

2/21/06 (863) 533-0015