



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90009 002 ****70.00

DOCUMENT # N13673 1. Entity Name HEARTLAND ECONOMIC DEVELOPMENT AUTHORITY, INC.					
Principal Place of Business 450 W MAIN ST P.O. BOX 1761 BARTOW, FL 33830-8761			Mailing Address 450 W MAIN ST P.O. BOX 1761 BARTOW, FL 33830-8761		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip 		3. Mailing Address Suite, Apt. #, etc. City & State Zip 		<div style="text-align: right; font-size: 1.2em; font-weight: bold;">40008799</div> 	
4. FEI Number 59-2997739				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				01112007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent HARTFIELD, GARY 1403 4TH ST SW LARGO, FL 33770			7. Name and Address of New Registered Agent Name Lela Harvey-Wooten Street Address (P.O. Box Number is Not Acceptable) 4040 Radford Road City Bartow FL Zip Code 33830		
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 <u><i>Lela Harvey-Wooten</i></u> DATE <u>1/18/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> Lela Harvey-Wooten, Interim Executive Director					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	C KING, ROBERT 515 EAST LEMON ST LAKE ALFRED, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Juanita Geathers 346 Avenue O, SW Winter Haven, FL 33880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IED HARTFIELD, GARY 1403 4TH STREET SW LARGO, FL 33770	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ozell Wilson 1765 Banks Road Lake Wales, FL 33859	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VCD STREETER, CHARLES 832 AVENUE T NE WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dennis Goosby 1330 Fairbanks Lakeland, FL 33805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLOWERS, OWEN PO BOX 1447 HAINES CITY, FL 33844	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Booker Young 201 North Avenue Lake Wales, FL 33853	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u><i>Lela Harvey-Wooten</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Lela Harvey-Wooten, Interim Executive Director			1/18/07 (863) 533-0015 <small>Date Daytime Phone #</small>		