

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13673

FILED  
Apr 18, 2008  
Secretary of State

**Entity Name:** HEARTLAND ECONOMIC DEVELOPMENT AUTHORITY, INC.

**Current Principal Place of Business:**

450 W MAIN ST  
P.O. BOX 1761  
BARTOW, FL 338308761

**New Principal Place of Business:**

450 W MAIN ST  
BARTOW, FL 338308761

**Current Mailing Address:**

450 W MAIN ST  
P.O. BOX 1761  
BARTOW, FL 338308761

**New Mailing Address:**

**FEI Number:** 59-2997739      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARTFIELD, GARY  
1403 4TH ST SW  
LARGO, FL 33770      US

**Name and Address of New Registered Agent:**

SIMMONS, SAMUEL  
1036 W. 6TH STREET  
LAKELAND, FL 33805      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: SAMUEL SIMMONS

04/18/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C      ( ) Delete  
Name: GEATHERS, JUANITA  
Address: 346 AVENUE O, SW  
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP      ( ) Delete  
Name: WILSON, OZELL  
Address: 1765 BANKS ROAD  
City-St-Zip: LAKE WALES, FL 33859

Title: S      ( ) Delete  
Name: GOOSBY, DENNIS  
Address: 1330 FAIRBANKS  
City-St-Zip: LAKELAND, FL 33805

Title: T      ( ) Delete  
Name: YOUNG, BOOKER  
Address: 201 NORTH AVENUE  
City-St-Zip: LAKE WALES, FL 33853

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP      (X) Change ( ) Addition  
Name: WILLIAMS, MAE  
Address: 212 S. 6TH STREET  
City-St-Zip: FT MEADE, FL 33830

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: DENNIS GOOSBY

SECR

04/18/2008

Electronic Signature of Signing Officer or Director

Date