

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15261 (3)
1. Corporation Name
HEARTLAND DOG CLUB, INCORPORATED OF FLORIDA



Principal Place of Business 3940 SKIPPER RD C/O LAURA VAN HORN SEBRING FL 33872 US	Mailing Address 3940 SKIPPER ROAD C/O LAURA VAN HORN SEBRING FL 33872 US
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3. Date Incorporated or Qualified 06/04/1986	
4. FEI Number 59-2877619	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year's intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	22 City & State	27 City & State
23 Zip	28 Zip	24 Country	29 Country
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VAN HORN, LAURA
3940 SKIPPER ROAD
SEBRING FL 33872**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN HORN, LAURA	1.2 NAME	
STREET ADDRESS	3940 SKIPPER RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLNY, ANN	2.2 NAME	
STREET ADDRESS	5500 SR 06	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURA MARY	3.2 NAME	HUDSON, DONNA
STREET ADDRESS	4005 SKIPPER RD	3.3 STREET ADDRESS	3744 Skipper Rd
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	Sebring, FL 33872
TITLE	RSD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, DONNA	4.2 NAME	Sharon Winegard
STREET ADDRESS	3744 SKIPPER ROAD	4.3 STREET ADDRESS	646 Mel Smith Road P.O. Box 725
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP	Avon Park, FL 33826
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUTTON, EDNA	5.2 NAME	Lynn Bartley
STREET ADDRESS	4005 SKIPPER RD	5.3 STREET ADDRESS	2000 Flower Terrace
CITY-ST-ZIP	SEBRING FL	5.4 CITY-ST-ZIP	Sebring, FL 33872
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRAV, LENA	6.2 NAME	Debbie Snively
STREET ADDRESS	RR 1 BOX 272 N/A	6.3 STREET ADDRESS	115 Henley Rd
CITY-ST-ZIP	ZOLFO SPRINGS FL	6.4 CITY-ST-ZIP	Lake Placid FL 33852

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Laura Van Horn* *Sharon Winegard*

CR2E037 (10/97)