

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15261

**FILED**  
**Jan 09, 2011**  
**Secretary of State**

**Entity Name:** HEARTLAND DOG CLUB, INCORPORATED OF FLORIDA

**Current Principal Place of Business:**

1601 SUNSET DRIVE  
C/O DR LAURA VAN HORN  
SEBRING, FL 33870 US

**New Principal Place of Business:**

**Current Mailing Address:**

1601 SUNSET DRIVE  
C/O DR LAURA VAN HORN  
SEBRING, FL 33870 US

**New Mailing Address:**

**FEI Number:** 59-2877619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VAN HORN, LAURA DR  
1601 SUNSET DRIVE  
SEBRING, FL 33870 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VAN HORN, LAURA DR.  
Address: 1601 SUNSET DRIVE  
City-St-Zip: SEBRING, FL 33870 US

Title: VP  
Name: DAVIS, LOIS  
Address: 5003 N. OBISPO CIRCLE  
City-St-Zip: LABELLE, FL 33935

Title: CS  
Name: DORSEY, CHERIE  
Address: 831 LAKE JOSEPHINE DRIVE  
City-St-Zip: SEBRING, FL 33875

Title: RS  
Name: FOSTER, DOROTHY  
Address: 1059 FEMALE AVE  
City-St-Zip: SEBRING, FL 33870

Title: T  
Name: POLNY, ANN  
Address: 5500 SR 66  
City-St-Zip: SEBRING, FL 33875

Title: D  
Name: RIGGSBEE, NIKKI  
Address: 3412 BLOWING OAK STREET  
City-St-Zip: VALRICO, FL 33594

I hereby 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 all other like empowered.

SIGNATURE: DR. LAURA VAN HORN

PD

01/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date