

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N17171 (2)
1. Corporation Name
HEARTLAND CHRISTIAN CENTER, INC.



Principal Place of Business P.O. BOX 120907 CLERMONT FL 34712	Mailing Address P.O. BOX 120907 CLERMONT FL 34712-0907
---	--

3. Date Incorporated or Qualified 10/08/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2804639	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**D'ALESIO, REV. JOHN
15716 CHARTER OAKS TRAIL 827 Park Trail Dr.
CLERMONT FL 34711**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature of Registered Agent and title if applicable. (NOTE: registration is required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	D'ALESIO, REV. JOHN	
STREET ADDRESS	15716 CHARTER OAKS TRAIL 827 Park Trail Drive	
CITY-ST-ZIP	CLERMONT FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	D'ALESIO, MARY JANE	
STREET ADDRESS	15716 CHARTER OAKS TRAIL 827 Park Trail Drive	
CITY-ST-ZIP	CLERMONT FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WAISTON, JANICE K.	
STREET ADDRESS	706 N. WARFIELD AVE.	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Marjorie Carole Steele	
STREET ADDRESS	827 Park Trail Drive	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Iver Clarke Steele IV	
STREET ADDRESS	827 Park Trail Drive	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: **John D'Alesio** PRESIDENT **5-28-97**

CR2E037 (9/96)