


FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90182 043 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44686

1. Corporation Name

HEARTLAND ENVIRONMENTAL COUNCIL, INC.

Principal Place of Business

Mailing Address

~~316 S 7TH AVE
WAUCHULA FL 33873
US~~

PO BOX 491
LAKE PLACID FL 33862
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/14/1991
22 PO Box 491	27	4. FEI Number
23 Lake Placid, FL	28	59-3067131
24 Zip 33862	29 Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~DEROLLER, CHRIS M
316 S 7TH AVE
WAUCHULA FL 33873~~

81 Name Henry Kowalski
82 Street Address (P.O. Box Number is Not Acceptable) 242 Serenade Dr.
83
84 City Lake Placid FL 85 Zip Code 33852

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 Henry Kowalski

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DEROLLER, CHRIS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEROLLER, CHRIS	1.2 NAME	
STREET ADDRESS	316 S 7TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL 33873	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABER, RICHARD	2.2 NAME	
STREET ADDRESS	5532 N HUCKLEBERRY LK DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33872	2.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITESIDES, VAUGHN	3.2 NAME	Alice Rasmussen
STREET ADDRESS	514 COTTONWOOD DR	3.3 STREET ADDRESS	347 Adams Ave
CITY-ST-ZIP	SEBRING FL 33872	3.4 CITY-ST-ZIP	Lake Placid, FL 33852
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOWALSKI, HANK	4.2 NAME	
STREET ADDRESS	242 SERENADE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OBENCHAIN, HELEN	5.2 NAME	
STREET ADDRESS	1504 BALSAM ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUNSEY, WILLIAM	6.2 NAME	
STREET ADDRESS	R.R. 1, BOX 128	6.3 STREET ADDRESS	
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 941-465-0281

Date

Daytime Phone #

CR2E037 (11/98)