FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 APR 26 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003007 (2)

1. Corporation Name

HEARTLAND COUNTRY DANCE CLUB, INC.

000001466560
-04/27/95--01047--012
****130.00 ****130.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
25 PINEY POINT DRIVE LAKE PLACID FL 33852	908 SE LAKEVIEW 3 SEBRING FL 33870 US

3. Date Incorporated or Qualified: **06/21/1993**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0429201** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

MATHENY, MARY J
908 S.E. LAKEVIEW
SUITE 3
SEBRING FL 33870

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE*	P	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	PORTER, KENNETH	1.2 NAME		
STREET ADDRESS	500 CHERRY TREE DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE	President, Director	☒ Change ☐ Addition
NAME	MATHENY, MARY JANE	2.2 NAME		
STREET ADDRESS	908 SE LAKEVIEW DR, SUITE 3	2.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	Vice President, Director	☒ Change ☐ Addition
NAME	SOCASH, JOANN	3.2 NAME	Ann Pollard	
STREET ADDRESS	716 RIVIERA DR	3.3 STREET ADDRESS	25 Piney Point Dr	
CITY-ST-ZIP	LAKE PLACID FL	3.4 CITY-ST-ZIP	Lake Placid FL 33852	
TITLE	TD	4.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	DOANE, LANA	4.2 NAME	Diane DeLk, Director	
STREET ADDRESS	503 EAST CEDAR STREET	4.3 STREET ADDRESS	1520 Oak Ave	
CITY-ST-ZIP	AVON PARK FL	4.4 CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	DeA	☐ Change ☐ Addition
NAME		6.2 NAME	4-26	
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mary Jane Matheny 2/1/95 813 385 7451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARY JANE MATHENY

0018187