

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003007 (2)

1. Corporation Name

HEARTLAND COUNTRY DANCE CLUB, INC.



Principal Place of Business

25 PINEY POINT DRIVE
LAKE PLACID FL 33852

Mailing Address

906 SE LAKEVIEW
3
SEBRING FL 33870
US

3. Date Incorporated or Qualified
06/21/1993

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 500 Cherry Tree Drive

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Sebring FL

28 City & State

24 Zip

Country

29 Zip

Country

25 33870

26 USA

30 Zip

Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PORTER, KENNETH
STREET ADDRESS 500 CHERRY TREE DRIVE
CITY-ST-ZIP SEBRING FL

☒ DELETE

TITLE PD
NAME MATHENY, MARY JANE
STREET ADDRESS 906 SE LAKEVIEW DR, SUITE 3
CITY-ST-ZIP SEBRING FL

☐ DELETE

TITLE VD
NAME POLLARD, ANN
STREET ADDRESS 25 PINEY POINT DR.
CITY-ST-ZIP LAKE PLACID FL 33852

☒ DELETE

TITLE SD
NAME ELKNE, DIANE
STREET ADDRESS 1520 OAK AVE.
CITY-ST-ZIP LAKE PLACID FL 33852

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Dorothy Porter
1.3 STREET ADDRESS 500 Cherry Tree Dr
1.4 CITY-ST-ZIP Sebring, FL 33870

☒ Change

☐ Addition

2.1 TITLE D
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change

☐ Addition

3.1 TITLE VD
3.2 NAME Pauline Oliphant
3.3 STREET ADDRESS 10102 Willow Lane
3.4 CITY-ST-ZIP Sebring, FL 33872

☒ Change

☐ Addition

4.1 TITLE SD
4.2 NAME Connie Wilcox
4.3 STREET ADDRESS 4808 Coco Palm Dr
4.4 CITY-ST-ZIP Sebring, FL 33870

☒ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

941-385-4951

Date

Daytime Phone #

CR2E037 (12/95)