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Mailing Address

NONPROFIT **CORPORATION ANNUAL REPORT**

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N93000003007 (2) DOCUMENT

HEARTLAND COUNTRY DANCE CLUB, INC.

500 CHERRY TREE DRIVE 906 SE LAKEVIEW SEBRING FL 33870 SEBRING FL 33870-4397 Date Incorporated or Qualified 06/21/1993 3a. Date of Last Report 04/15/1996 4. FEI Number 65-0429201 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes Yes **Æ**N₀ 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MATHENY, MARY J 82 Street Address (P.O. Box Number is Not Acceptable) 908 S.E. LAKEVIEW 83 SUITE 3 SEBRING FL 33870 84 City 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 re-instating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 96 6 6 13. DELETE Change TITLE 1.1 TITLE **DOROTHY PORTER** NAME 1.2 NAME **500 CHERRY TREE DRIVE** STREET ADDRESS 1.3 STREET ADDRESS SEBRING FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MATHENY, MARY JANE NAME 2.2 NAME 906 SE LAKEVIEW DR, SUITE 3 STREET ADDRESS 23 STREET ADDRESS SEBRING FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE Dorothy Porter Ju Dr PAULINE OLIPHANT NAME 3.2 NAME cherry 10102 WILLOW LANE STREET ADDRESS 3.3 STREET ADDRESS 33870 SEBRING FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE **CONNIE WILCOX** NAME 4. 2 NAME 4808 COCO PALM DRIVE STREET ADDRESS 4.3 STREET ADDRESS SEBRING FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP 14. To 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:

Ltam

MARY TANE Mathem

3/20/97

9413854951

FILED

Mar 17 1997 8:00am

Secretary of State