


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90507 038 ****61.25

DOCUMENT # N93000004643 1. Entity Name FLORIDA'S HEARTLAND REDI, INC.			
Principal Place of Business 5813 OLIVE RD SEBRING, FL 33875-6041 US		Mailing Address P O BOX 1196 SEBRING, FL 33871-1196 US	
2. Principal Place of Business 2730 US HWY 27N Suite, Apt. #, etc. Sebring FL City & State		3. Mailing Address P O BOX 1196 Suite, Apt. #, etc. Sebring FL City & State	
Zip 33870	Country USA	Zip 33871-1196	Country USA
4. FEI Number 59-3213603		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEALE, BETTY 5813 OLIVE RD SEBRING, FL 33875-6041		7. Name and Address of New Registered Agent Name Topel, Lynn Street Address (P.O. Box Number is Not Acceptable) 112 Karola Dr City Sebring FL Zip Code 33870	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Lynn A Topel <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 4-19-04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD JACKSON, ANDREW B 150 N COMMERCE AVENUE SEBRING, FL 33870	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP CD JONES, K S "BUTCH" GLADES CO COURTHOUSE HWY 27 & 5TH ST MOORE HAVEN, FL 33471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VCD MARKHAM, LOWREY 401 S PARROTT AVE OKEECHOBEE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer/Director Gentry, Doris M 650 E Cornell ST Avon Park FL 33825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SMITH, BOBBY R BCC-412 W ORANGE STREET-RM A-203 WAUCHULA, FL 33873	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D NEADS, RON 201 EAST OAK STREET, SUITE 201 ARCADIA, FL 34266	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VCD NEADS, RONALD 201 East Oak Street, Ste 201 Arcadia, FL 34266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D MECHLIN, JEFFREY 98 NORTH FORREST AVE AVON PARK, FL 33825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/19/04 Daytime Phone #	