2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000004643

1. Entity Name
FLORIDA'S HEARTLAND REDI, INC.

Principal Place of Business	Mailing Address
2730 US HWY 27 N SEBRING, FL 33870 US	P O BOX 1196 SEBRING, FL 33871-1196 US

01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3213603
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TOPEL, LYNN
112 KAROLA DRIVE
SEBRING, FL 33870

DO NOT WRITE IN THIS SPACE

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 Executive Director 1-31-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	JACKSON, ANDREW B
STREET ADDRESS	150 N COMMERCE AVENUE
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	CD
NAME	JONES, K S "BUTCH"
STREET ADDRESS	GLADES CO COURTHOUSE HWY 27 & 5TH ST
CITY-ST-ZIP	MOORE HAVEN, FL 33471
TITLE	T
NAME	GENTRY, DORIS M
STREET ADDRESS	650 E. CORNELL ST.
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	D
NAME	SMITH, BOBBY R
STREET ADDRESS	BCC-412 W ORANGE STREET-RM A-203
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	VCD
NAME	NEADS, RONALD
STREET ADDRESS	201 EAST OAK STREET, SUITE 201
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	D
NAME	MECHLIN, JEFFREY
STREET ADDRESS	98 NORTH FORREST AVE
CITY-ST-ZIP	AVON PARK, FL 33825

U00000218883
02/08/05-80006-012 61.25

DO NOT WRITE IN THIS SPACE

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: Lynn A Topel Executive Director 1/31/05 863 385 4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #