

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004643

FILED
Jan 06, 2006
Secretary of State

Entity Name: FLORIDA'S HEARTLAND REDI, INC.

Current Principal Place of Business:

2730 US HWY 27 N
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1196
SEBRING, FL 338711196 US

New Mailing Address:

FEI Number: 59-3213603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOPEL, LYNN
112 KORALA DRIVE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: JACKSON, ANDREW B
Address: 150 N COMMERCE AVENUE
City-St-Zip: SEBRING, FL 33870

Title: CD () Delete
Name: JONES, K S
Address: GLADES CO COURTHOUSE HWY 27 & 5TH ST
City-St-Zip: MOORE HAVEN, FL 33471

Title: T () Delete
Name: GENTRY, DORIS M
Address: 650 E. CORNELL ST.
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: SMITH, BOBBY R
Address: BCC-412 W ORANGE STREET-RM A-203
City-St-Zip: WAUCHULA, FL 33873

Title: VCD () Delete
Name: NEADS, RONALD
Address: 201 EAST OAK STREET, SUITE 201
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: MECHLIN, JEFFREY
Address: 98 NORTH FORREST AVE
City-St-Zip: AVON PARK, FL 33825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN TOPEL

DIRE

01/06/2006

Electronic Signature of Signing Officer or Director

Date