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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004456 (8)**

1. Corporation Name

HEARTLAND SELF-HELP HOUSING, INC.



Principal Place of Business

Mailing Address

**3909 KENILWORTH BLVD.
SEBRING FL 33870**

**POST OFFICE BOX 1987
SEBRING FL 33871-1987**

3. Date Incorporated or Qualified
09/18/1995

3a. Date of Last Report
04/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ABLES, CLIFFORD M III
457 SO. COMMERCE AVENUE
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, BONNIE	
STREET ADDRESS	5935 US 27TH NORTH	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SAULS, JANICE F.	
STREET ADDRESS	3173 GROVE ISLAND	
CITY-ST-ZIP	AVON PARK F	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HUNNICUTT, KEITH	
STREET ADDRESS	1036 SO. FLORIDA AVENUE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CUBERO, ROBERT	
STREET ADDRESS	801 US 27 SOUTH	
CITY-ST-ZIP	AVON PARK FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STREETER, CHARLES M III	
STREET ADDRESS	POST OFFICE BOX 211	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAFFOLD, ROBERT	
STREET ADDRESS	612 HYACINTH STREET	
CITY-ST-ZIP	SEBRING FL 33870	

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Aponte, Noemi	
1.3 STREET ADDRESS	2905 Valerie Blvd.	
1.4 CITY-ST-ZIP	Sebring, FL 33870	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Armioia, Tara	
5.3 STREET ADDRESS	217 Le Mans Drive	
5.4 CITY-ST-ZIP	Sebring, FL 33872	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97
Date

Daytime Phone # 0054342

CR2E037 (9/96)