

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 15 1998 8:00am³
Secretary of State

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

4. FEI Number

65-0641258

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?



Yes



No

8. This corporation owes or has paid the current year (1998)
Personal Property Tax due June 30.



Yes



No

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 VD
NAME APONTE, NOEMI
STREET ADDRESS 2905 VALERIE BLVD
CITY-ST-ZIP SEBRING FL

☐ DELETE

TITLE SD
NAME SAULS, JANICE F.
STREET ADDRESS 3173 GROVE ISLAND
CITY-ST-ZIP AVON PARK F

☒ DELETE

TITLE TD
NAME HUNNICUTT, KEITH
STREET ADDRESS 1036 SO. FLORIDA AVENUE
CITY-ST-ZIP LAKE LAND FL

☐ DELETE

TITLE PD
NAME CUBERO, ROBERT
STREET ADDRESS 801 US 27 SOUTH
CITY-ST-ZIP AVON PARK FL

☐ DELETE

TITLE D
NAME ARMIGITA, TARA
STREET ADDRESS 2475 E MANO
CITY-ST-ZIP SEBRING FL 451 Sun-n-Lake Blvd.
Lake Placid, FL 33852

☐ DELETE

TITLE D
NAME SAFFOLD, ROBERT
STREET ADDRESS 612 HYACINTH STREET
CITY-ST-ZIP SEBRING FL 33870

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

Tara L. Armigita Tara L. Armigita 8/31/98 941-385-2519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)