

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 12, 1999 8:00 am
Secretary of State

08-12-1999 90006 035 ****61.25

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1. Corporation Name

HEARTLAND SELF-HELP HOUSING, INC.

Principal Place of Business

Mailing Address

3909 KENILWORTH BLVD.
SEBRING, FL 33870-4425

P.O. BOX 1987
SEBRING, FL 33871-1987



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

08/05/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0641258

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 SOUTH 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 ☐ DELETE
NAME APONTE, NOEMI
STREET ADDRESS 2905 VALERIE BLVD.
CITY-ST-ZIP SEBRING, FL 33870

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME LERMA ANGEL
1.3 STREET ADDRESS 647 HOLMES AVENUE
1.4 CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE TD ☒ DELETE
NAME HUNNICUTT, KEITH
STREET ADDRESS 1036 SOUTH FLORIDA AVENUE
CITY-ST-ZIP LAKELAND, FL

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME WILSON, EUGENE H.
2.3 STREET ADDRESS 242 LOQUAT ROAD NW
2.4 CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE PD ☒ DELETE
NAME CUBERO, ROBERT
STREET ADDRESS 801 US 27 SOUTH
CITY-ST-ZIP AVON PARK, FL 33825

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME TALLEY, EDGAR H.
3.3 STREET ADDRESS 8624 CASTLE ROAD
3.4 CITY-ST-ZIP SEBRING, FL 33870

TITLE D ☒ DELETE
NAME ARMIOIA, TARA
STREET ADDRESS 451 SUN-N-LAKE
CITY-ST-ZIP LAKE PLACID, FL 33852

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)