NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** FILED
Apr 16, 1999 8:00 am §
Secretary of State 04-16-1999 90032 021 ****61.25

1999

DOCUMENT # N9800001238

1. Corporation Name

THE HEARTLAND INTERFAITH ALLIANCE, INC.

Principal Place of Business

43 LAKE JUNE ROAD LAKE PLACID FL 33852 Mailing Address

43 LAKE JUNE ROAD LAKE PLACID FL 33852



				1				
1,1,1,1	lace of Business S.E. Lakeview Dr. 26 1744		keview Dr		orated or Qualifed			
21 / 744 Suite Ant	1744 S.E. Cakeriew OR. 26 1744 S.E. Cakeriew 1/1 Luite, Apt. #, etc. Suite, Apt. #, etc.			4. FEI Number			App	lied For
and Park	LA MERLE 27	, 0.0.			764532		 	Applicable
22 2 2007 City & Stat							\$8.75 Ac	ditional
23 Schrive FL 28 Schring F			5. Certifcate of Status Desired		Fee Required			
Zip	Country Zip		intry	6. Election Car	npaign Financing		\$5.00 N	May Be
24 3787	O 25 USA 29 3387	6 30	USA	Trust Fund			Added to	, ,
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
			81 Name	ran P	Foreclas			ļ
MILLER A	ALAN C REV.		82 Street Address (P.O. Box Number is Not Acceptable)					
•	JUNE ROAD		2348 Sourrow Ave.					
	ACID FL 33852		83					
	101D 1 E 33632						85 Zip C	ode .
			84 City Se	ebrina		FL		まフン
11. Pursuant	to the provisions of Sections 617.0502 and 617.1508, Flor	ida Statutes, the a	bove-named corp	oration submits this	statement for the	purpose of ch	anging its r	egistered
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.								
agent. I am familiar with, and accept the obligations of, Section 617.0503, Fighta Statutes.								
SIGNATURE	Signature typed or printed name of registered agent and title if applicable.	/	Agent signature require	d when reinstating)		DATE		
12.	OFFICERS AND DIRECTORS	13.			CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 12
TITLE		ELETE 1,1 T	TLE. D	iractor	_ D	[Change	☐ Addition
NAME	Eugene R. Fernsler	1.2 N		erry Newp	ort			
STREET ADDRESS	2348 Sparrow Ave.	1.38		126 Bayur				
CITY-ST-ZIP	Supring FL 33872	1		chrine F	- 33870			
TITLE		DELETE 2.1 T				[Change	Addition
NAME	Times Merine		AME					
STREET ADDRESS			TREET ADDRESS					
CITY-ST-ZIP	Sebring PL 33872	1	CITY-ST-ZIP.					
TITLE		DELETE 3.1 T				-	Change	Addition
NAME	3 - T		AME					
	Barnice Snoll s 3455 Northern Blud.		TREET ADDRESS					
STREET ADDRESS	Lake Placed, FL 3385L		CITY-ST-ZIP					
CITY-ST-ZIP TITLE		34. C DELETE 4.1 T					Change	Addition
	1160000		AME				_ •	_
NAME	JOAN MOITONE		TREET ADDRESS					
STREET ADDRESS	3700		- 1					
CITY-ST-ZIP	schring FL 33872	24.4 C DELETE 5.1 T	ITY-ST-ZIP				Change	☐ Addition
TITLE	vireable D	5.1 I	i			,		
NAME	Deen Brown Prix Blud.		TREET ADDRESS					
STREET ADDRESS			ITY-ST-ZIP					
CITY-ST-Z/P	Schring, FL 33872	DELETE 6.1 T					Change	Addition
TITLE	Threches y	6.2 N				-		
NAME	Marge Kelly	I						
***	174 Lake Ridge DR.		TREET ADDRESS					
OUT OF TO	Lake plant GL 270/2	■ 640	rty-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 an address with all other like empowered.

SIGNATURE: