

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001238

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** THE HEARTLAND INTERFAITH ALLIANCE, INC.

**Current Principal Place of Business:**

1744 SE LAKEVIEW DR  
SEBRING, FL 33870

**New Principal Place of Business:**

1744 LAKEVIEW DR.  
SEBRING, FL 33870

**Current Mailing Address:**

1744 SE LAKEVIEW DR  
SEBRING, FL 33870

**New Mailing Address:**

1744 LAKEVIEW DR.  
SEBRING, FL 33870

**FEI Number:** 65-0764532

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FERNISLER, EUGENE R  
129 SPARROW AVE.  
SEBRING, FL 33872 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: P ( ) Delete  
Name: FERNISLER, EUGENE R  
Address: 129 SPARROW AVE.  
City-St-Zip: SEBRING, FL 33872

Title: VP ( ) Delete  
Name: HUNT, THOMAS  
Address: 2818 PALD VERDE DR.  
City-St-Zip: AVON PARK, FL 33825

Title: T ( ) Delete  
Name: SNOLL, BERNICE  
Address: 3455 NORTHERN BLVD.  
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete  
Name: ADAMS, HERB  
Address: 252 BRENTWOOD DR., N.  
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete  
Name: BROWN, DEAN  
Address: 3214 GRAND PRIX BLVD  
City-St-Zip: SEBRING, FL 33872

Title: DS ( ) Delete  
Name: KELLY, MARGE  
Address: 134 LAKE RIDGE DR  
City-St-Zip: LAKE PLACID, FL 33852

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DVP (X) Change ( ) Addition  
Name: JACOBS, MARILYN  
Address: 2307 DAVIS CT.  
City-St-Zip: SEBRING, FL 33870

Title: T (X) Change ( ) Addition  
Name: MORRONE, JOAN  
Address: 3908 DUNN AVE.  
City-St-Zip: SEBRING, FL 33872

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

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

Title: S (X) Change ( ) Addition  
Name: PRINCIOTTI, PHYLLIS  
Address: 4123 LEAF RD.  
City-St-Zip: SEBRING, FL 33875

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EUGENE R. FERNISLER

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date