

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2007
Secretary of State**

DOCUMENT# N98000001238

Entity Name: THE HEARTLAND INTERFAITH ALLIANCE, INC.

Current Principal Place of Business:

1178 LAKEVIEW DR
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

1178 LAKEVIEW DR
SEBRING, FL 33870

New Mailing Address:

FEI Number: 65-0764532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNSLER, 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: FERNSLER, EUGENE R
Address: 129 SPARROW AVE.
City-St-Zip: SEBRING, FL 33872

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

Title: ST () Delete
Name: MUIR, NIEL
Address: 5312 ERIE DR
City-St-Zip: SEBRING, FL 33875

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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. FERNSLER

PRES

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date