

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90011 018 \*\*\*\*61.25

<b>DOCUMENT # N98000005927</b>					
<b>1. Entity Name</b> EAA HEARTLAND CHAPTER 1240 INC					
<b>Principal Place of Business</b> 319 MINI RANCH RD. SEBRING, FL 33870 US			<b>Mailing Address</b> 319 MINI RANCH RD. SEBRING, FL 33870 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 1545 St. Rd 64 W. <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Address</b> 1545 St. Rd 64 W. <small>Suite, Apt. #, etc.</small>			
<b>City &amp; State</b> AVON PARK, FL <small>Zip</small> 33825 <small>Country</small> USA		<b>City &amp; State</b> AVON PARK, FL <small>Zip</small> 33825 <small>Country</small> USA		<b>4. FEI Number</b> 65-0864629	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> BARNHART, JOE 319 MINI RANCH RD. SEBRING, FL 33870			<b>7. Name and Address of New Registered Agent</b> Name: <u>GEORGE POPE</u> Street Address (P.O. Box Number is Not Acceptable): <u>4600 Duffer Loop</u> City: <u>Sebring</u> <u>FL</u> <small>Zip Code</small> <u>33872</u>		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: <u>George C. Pope</u> <u>3/3/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> BARNHART, JOE 319 MINI RANCH RD. SEBRING, FL 33870	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P/C/M</b> POPE, GEORGE 4600 DUFFER LOOP SEBRING, FL 33872	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DV</b> OWEN, RON 9700 PAYNE ROAD SEBRING, FL 33875	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V/D</b> OWEN, RONALD 9700 PAYNE ROAD SEBRING, FL 33875	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SD</b> LATHAM, BILL 1457 LAKE LOTELA DR AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S/D</b> JOSEPH BARNHART 319 MINI RANCH ROAD SEBRING, FL 33870	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TRD</b> VANDER PLOEG, BOB 833 DUANE PALMER BLVD SEBRING, FL 33876	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T/D</b> VANDER PLOEG, ROBERT 833 DUANE PALMER BLVD. SEBRING, FL 33876	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Joseph Barnhart</u> <u>JOSEPH BARNHART</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>03-03-2007</u> <small>Date</small>		<u>863 655 5682</u> <small>Daytime Phone #</small>