## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000003536

Entity Name: HEARTLAND RESEARCH CORPORATION

FILED Jul 13, 2008 Secretary of State

Current Principal Plac	e of Business:	<b>New Princi</b>	pal Place of Business

4101 GULF SHORE BLVD. N., APT. 6S 3869 WEST GULF DRIVE NAPLES, FL 34103 FT. MYERS, FL 33957

Current Mailing Address: New Mailing Address:

4101 GULF SHORE BLVD. N., APT. 6S 11 CHESTERFIELD LAKES RD. NAPLES, FL 34103 CHESTERFIELD, MO 63005

FEI Number: 65-0920930 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ANDREWS, MARK PRES
4101 GULF SHORE BLVD. N., APT 6S
NAPLES, FL 34103 US
ANDREWS, MARK B PRES
3869 WEST GULF DRIVE
FT. MYERS, FL 33957 US

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: MARK B ANDREWS 07/13/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 ( ) Delete
 Title:
 D
 (X) Change ( ) Addition

 Name:
 ANDREWS, MARK JR
 Name:
 ANDREWS, MARK B PRES

 Address:
 4101 GULF SHORE BLVD. N., APT. 6S
 Address:
 11 CHESTERFIELD LAKES RD.

City-St-Zip: NAPLES, FL 34103 Address. TI CHESTERFIELD LAKES RI
City-St-Zip: CHESTERFIELD, MO 63005

 Title:
 STD
 ( ) Delete
 Title:
 STD
 (X) Change ( ) Addition

 Name:
 ANDREWS, PATRICIA E
 Name:
 ANDREWS, PATRICIA E VP

 Address:
 4101 GULF SHORE BLVD. N., APT. 6S
 Address:
 11 CHESTERFIELD LAKES RD.

Address: 4101 GULF SHORE BLVD. N., APT. 6S Address: 11 CHESTERFIELD LAKES RD. City-St-Zip: NAPLES, FL 34103 City-St-Zip: CHESTERFIELD, MO 63005

Title: D ( ) Delete Title: ( ) Change ( ) Addition Name: HEARNE, MATHEW Name:

Address: 7711 BONHOMME AVENUE, SUITE 330 Address: City-St-Zip: CLAYTON, MO 63105 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: MARK ANDREWS PRES 07/13/2008