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May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P38268 (9)

1. Corporation Name

HEIFER PROJECT INTERNATIONAL, INC.

Principal Place of Business

P. O. BOX 808
LITTLE ROCK AR 72203-0808

Mailing Address

P. O. BOX 808
LITTLE ROCK AR 72203-08083. Date Incorporated or Qualified
04/10/19923a. Date of Last Report
05/01/19964. FEI Number
35-1019477Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, REV JOHN
824 N MAGNOLIA AVENUE SUITE 100
ORLANDO FL 32803

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MILLER, DAVIS D
STREET ADDRESS NEW WINDSOR SVC CTR
CITY - ST - ZIP NEW WINDSOR MD1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE CD ☒ DELETE
NAME CLEVELAND, JOAN G
STREET ADDRESS 1210 COSSEY DR
CITY - ST - ZIP TUSCUMBIA AL2.1 TITLE ☐ Change ☒ Addition
2.2 NAME VD
2.3 STREET ADDRESS Ken Steiner
2.4 CITY - ST - ZIP 1611 East 700 South
Berne, TN 46711TITLE S ☐ DELETE
NAME LUCK, JO
STREET ADDRESS 1803 N PIERCE
CITY - ST - ZIP LITTLE ROCK AR3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE VD ☐ DELETE
NAME LANCASTER, MARK
STREET ADDRESS 1814 LITTLETOWN PIKE
CITY - ST - ZIP WESTMINSTER MD 211584.1 TITLE ☒ Change ☐ Addition
4.2 NAME CD
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 with an address.

SIGNATURE:

SIGNATURE REQUIRED

(501) 374-6836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0076092

CR2E037 (9/96)