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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P38268

1. Corporation Name

HEIFER PROJECT INTERNATIONAL, INC.

Principal Place of Business

~~P.O. BOX 808~~ **1015 LOUISIANA**
~~LITTLE ROCK AR 72203-0808~~
72202-3815

Mailing Address

~~P.O. BOX 808~~ **1015 LOUISIANA**
~~LITTLE ROCK AR 72203-0808~~
72202-3815



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/10/1992

4. FEI Number

31-1019477

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE **D** ☒ DELETE

NAME **MILLER, DAVID D**
STREET ADDRESS **NEW WINDSOR SVC CTR**
CITY-ST-ZIP **NEW WINDSOR MD**

TITLE **VD** ☐ DELETE

NAME **STEINER, KEN**
STREET ADDRESS **1611 EAST 700 SOUTH**
CITY-ST-ZIP **BERNE IN**

TITLE **P** ☐ DELETE

NAME **LUCK, JO**
STREET ADDRESS **1603 N PIERCE**
CITY-ST-ZIP **LITTLE ROCK AR**

TITLE **D** ☐ DELETE

NAME **LANCASTER, MARK**
STREET ADDRESS **1614 LITTLETOWN PIKE**
CITY-ST-ZIP **WESTMINSTER MD**

TITLE **CD** ☐ DELETE

NAME **MCLEAN, RONALD**
STREET ADDRESS **220 BROADWAY**
CITY-ST-ZIP **CAMBRIDGE MA 02139**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **S JAMES DE VRIES**
1.2 NAME
1.3 STREET ADDRESS **9502 VANDERBILT DRIVE**
1.4 CITY-ST-ZIP **LITTLE ROCK AR 72204**

2.1 TITLE ☒ Change ☐ Addition

NAME **D**
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

NAME
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

NAME **T KENNETH L. HARRISON**
6.2 NAME
6.3 STREET ADDRESS **3101 DONAGHEY DRIVE**
6.4 CITY-ST-ZIP **NORTH LITTLE ROCK AR 72116**

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

JO LUCK 4/21/99 (501) 907-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)