


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90009 019 ****61.25

DOCUMENT # N04000005812					
1. Entity Name HIGHLANDS COUNTY COMMUNITY COALITION FOR SUBSTANCE ABUSE REDUCTION, INC.					
Principal Place of Business 426 SCHOOL STREET STUDENT SERVICES SEBRING, FL 33870			Mailing Address P.O. BOX 3451 SEBRING, FL 33871		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01122006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-6000654	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BREED & NUNNALLEE, P.A. 325 NORTH COMMERCE AVENUE SEBRING, FL 33870			Name: <i>DR. LAURA VAN HORN</i> Street Address (P.O. Box Number is Not Acceptable) <i>1601 Sunset Drive</i>		
			City: <i>Sebring</i> FL Zip Code: <i>33870</i>		
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.					
SIGNATURE: <i>Laura Van Horn</i>			DATE: <i>1/19/06</i>		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAN HORN, LAURA		NAME		
STREET ADDRESS	1601 SUNSET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GARRISON, HEATHER		NAME	<i>Marji Bateman</i>	
STREET ADDRESS	P.O. BOX 1596		STREET ADDRESS	<i>Drug Prevention Resource, Lakeland</i>	
CITY-ST-ZIP	SEBRING, FL 33871		CITY-ST-ZIP	<i>627 Florida Ave</i>	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KREMNIETZ, WENDY		NAME	<i>Ray Mollenkopf</i>	
STREET ADDRESS	P.O. BOX 3451		STREET ADDRESS	<i>Highlands County Health Dept.</i>	
CITY-ST-ZIP	SEBRING, FL 33871		CITY-ST-ZIP	<i>7805 S. George Blvd</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 817, 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.					
SIGNATURE: <i>Laura Van Horn (LAURA VAN HORN)</i>			DATE: <i>1/19/06</i> Daytime Phone #: <i>813-471-5662</i>		