

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 21 AM 9:00



<b>DOCUMENT # N04000005812</b> 1. Entity Name <b>HIGHLANDS COUNTY COMMUNITY COALITION FOR SUBSTANCE ABUSE REDUCTION, INC.</b>					
Principal Place of Business <b>426 SCHOOL STREET STUDENT SERVICES SEBRING, FL 33870</b>		Mailing Address <b>P.O. BOX 3451 SEBRING, FL 33871</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>VAN HORN, LAURA DR 1601 SUNSET DR SEBRING, FL 33870</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code	
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 VanHorn</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: <u>11/2/06</u>	
<b>Amended AR is \$61.25</b>		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	000081985090	
STREET ADDRESS	1601 SUNSET DRIVE		STREET ADDRESS	11/21/06--01033--014	**70.00
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change
NAME	BATEMAN, MARJI		NAME	KAREN PATTON	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	627 FLORIDA AVE		STREET ADDRESS	100 W College Drive	
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	BOD	<input checked="" type="checkbox"/> Change
NAME	MOLLENKOPF, KAY		NAME	MOLLENKOPF, KAY	<input type="checkbox"/> Addition
STREET ADDRESS	7205 S. GEORGE BLVD		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33875		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change
NAME			NAME	DAVID NOEL	<input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	1160 PERSIMMON AVE	
CITY-ST-ZIP			CITY-ST-ZIP	SEBRING, FL 33870	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		<input type="checkbox"/> Addition
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; that 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.					
SIGNATURE: <i>Laura VanHorn</i> (LAURA VANHORN)				DATE: <u>11/2/06</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Daytime Phone #: <u>863-471-5662</u>	