


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000005812 1. Entity Name HIGHLANDS COUNTY COMMUNITY COALITION FOR SUBSTANCE ABUSE REDUCTION, INC.	
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Principal Place of Business 426 SCHOOL STREET STUDENT SERVICES SEBRING, FL 33870	Mailing Address P.O. BOX 3451 SEBRING, FL 33871
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DO NOT WRITE IN THIS SPACE



01122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3918887	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN HORN, LAURA DR
 1601 SUNSET DR
 SEBRING, FL 33870

**DO NOT WRITE
 IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be
 Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VAN HORN, LAURA 1601 SUNSET DRIVE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PATTON, KAREN 100 WEST COLLEGE DRIVE AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BOD MOLLENKOPF, KAY 7205 S. GEORGE BLVD SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD NOEL, DAVID 1180 PERSIMMON AVENUE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000600634
 01/26/07-80019-003 61.25

**DO NOT WRITE
 IN THIS SPACE**

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 trustee 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 and empowered.

SIGNATURE: *Laura Van Horn* **1/22/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #