

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 06, 2012  
Secretary of State**

DOCUMENT# N04000005812

**Entity Name:** HIGHLANDS COUNTY COMMUNITY COALITION FOR SUBSTANCE ABUSE REDUCTION, INC.

**Current Principal Place of Business:**

501 LEMON AVENUE  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

501 LEMON AVENUE  
SEBRING, FL 33870

**New Mailing Address:**

FEI Number: 20-3918887      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SHERLEY, AMANDA  
501 LEMON AVENUE  
SEBRING, FL 33870      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: BOD  
Name: RAWLINGS, JACQUELYN  
Address: 4815 WEST JOSEPHINE ROAD  
City-St-Zip: LAKE PLACID, FL 33825

Title: BOD  
Name: HARRIMAN, ART  
Address: 100 WEST COLLEGE DRIVE  
City-St-Zip: AVON PARK, FL 33825

Title: BOD  
Name: BUELOW, SUSAN  
Address: 7205 S. GEORGE BLVD  
City-St-Zip: SEBRING, FL 33875

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JACQUELYN RAWLINGS

BOD

01/06/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date