

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

2009 FEB 13 A 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N06000000110</b>			
1. Entity Name <b>CHURCH OF THE HIGHLANDS FOUR CORNERS, INC.</b>			
Principal Place of Business <b>705 INGRAHAM AVE SUITE 4 HAINES CITY FL 33844</b>		Mailing Address <b>P.O. BOX 2867 DAVENPORT FL 33836-2867</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>CONNER, RICHARD A 162 RONA LANE DAVENPORT FL 33896</b>		7. Name and Address of New Registered Agent Name <b>Jesse Carbo</b> Street Address (P.O. Box Number is Not Acceptable) <b>747 CANNA DR.</b> <b>Davenport</b> City <b>FL</b> Zip Code <b>33897</b>	
B. 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 <b>1/10/09</b>	
Signature, typed or printed name of registered agent and title (Applicable)		(NOTE: Registered Agent signature required when reinstating)	

1st MOORE CR2E037 (10/07)

4. FEI Number **83-0444340** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CONNER, RICHARD A MR. 162 RONA LANE DAVENPORT FL 33896	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JESSA CARBO 747 CANNA DR. DAVENPORT, FL 33897	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVDT GOFF, CHARLES A MR 855 S. BROADWAY AVE BARTOW FL 33830	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVDT DOUG OLIVER 111 WINDSOR AVE HAINES CITY,	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOSTER, GLEN MR 636 ASTER DRIVE DAVENPORT FL 33897	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Karen Brooks 426 Andridge Lane Davenport, FL 33897	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURKS, MATTHEW MR 33 LAKE LINK CIRCLE SE WINTER HAVEN FL 33884	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT**  
**08-09**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: DATE: **1/10/09** 863-299-2259