

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 22, 2008  
Secretary of State**

DOCUMENT# N23117

Entity Name: HIGHLANDS COUNTY FAMILY Y.M.C.A., INC.

**Current Principal Place of Business:**

100 YMCA LN  
SEBRING, FL 33870 US

**New Principal Place of Business:**

100 YMCA LN  
SEBRING, FL 33875 US

**Current Mailing Address:**

100 YMCA LN  
SEBRING, FL 33870 US

**New Mailing Address:**

100 YMCA LN  
SEBRING, FL 33875 US

FEI Number: 59-2859656      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LIVINGSTON, ROBERT E  
445 SOUTH COMMERCE 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: PD ( ) Delete  
Name: LEIDEL, DAVID  
Address: 2600 US 27 N  
City-St-Zip: SEBRING, FL 33870 US

Title: VPD ( ) Delete  
Name: LAGROW, KEN  
Address: 3012 CREEKSIDE COURT  
City-St-Zip: SEBRING, FL 33875 US

Title: SD ( ) Delete  
Name: SHOOP, JOHN  
Address: 2600 US 27 N  
City-St-Zip: SEBRING, FL 33870 US

Title: TD ( ) Delete  
Name: DORRELL, DAN  
Address: 217 ORANGE GROVE DR  
City-St-Zip: SEBRING, FL 33870 US

Title: D ( ) Delete  
Name: HARDING, JOHN  
Address: 4200 SUN N LAKES BLVD  
City-St-Zip: SEBRING, FL 33872 US

Title: D ( ) Delete  
Name: GUELFF, STEVE  
Address: 601 US 27 S  
City-St-Zip: SEBRING, FL 33875 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: PACK, MICKEY  
Address: 1930 KING AVE  
City-St-Zip: SEBRING, FL 33870 US

Title: D (X) Change ( ) Addition  
Name: MECHLIN, JEFF  
Address: 3091 N. TWIN LAKES DR  
City-St-Zip: AVON PARK, FL 33825 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MIKE MARTINO

ED

01/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date