

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23117

FILED
Jan 23, 2009
Secretary of State

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

Current Principal Place of Business:

100 YMCA LN
SEBRING, FL 33875 US

New Principal Place of Business:

Current Mailing Address:

100 YMCA LN
SEBRING, FL 33875 US

New Mailing Address:

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

Title: D () Delete
Name: MECHLIN, JEFF
Address: 3091 N. TWIN LAKES DR
City-St-Zip: AVON PARK, FL 33825 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: VPD (X) Change () Addition
Name: ZWAYER, ERIC
Address: 231 ROBIN AVE
City-St-Zip: SEBRING, FL 33872 US

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

Title: D (X) Change () Addition
Name: KINSLOW, LAURI
Address: 4202 EILAND DR
City-St-Zip: SEBRING, FL 33875 US

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

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: DAVID LEIDEL

PD

01/23/2009

Electronic Signature of Signing Officer or Director

Date