

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:15

DOCUMENT # N93000001053 (8)

1. Corporation Name

CHILDREN'S SERVICES FOUNDATION OF HIGHLANDS COUN
TY, INC.

Principal Place of Business

Mailing Address

2543 US 27 SOUTH
SEBRING FL 33872

2543 US 27 SOUTH
SEBRING FL 33872

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1993

3a. Date of Last Report

04/14/1994

4. FEI Number

65-0444941

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACBETH, ROSS J
2543 US 27 SOUTH
SEBRING FL 33872

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (must be printed name and title of agent)

Signature of Registered Agent (must be printed name and title of agent)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE

D

NAME

HENSLEY, NANCY

STREET ADDRESS

1608 THEON AVE

CITY-ST-ZIP

SEBRING FL

13. TITLE

Director/Secretary

☒ Change ☐ Addition

12 NAME

HENSLEY, NANCY

13 STREET ADDRESS

1608 THEON AVE.

14 CITY-ST-ZIP

SEBRING, FL

15. TITLE

D

NAME

WRIGHT, ROZALYNE P

STREET ADDRESS

426 SCHOOL ST

CITY-ST-ZIP

SEBRING FL

21 TITLE

Director

☐ Change ☒ Addition

22 NAME

L.E. "Luke" BROOKER

23 STREET ADDRESS

430 SOUTH COMMERCE AVE.

24 CITY-ST-ZIP

SEBRING, FL

16. TITLE

D

NAME

GENTRY, DORIS

STREET ADDRESS

P O BOX 1926 NA

CITY-ST-ZIP

SEBRING FL

31 TITLE

Director/Vice Chairman

☐ Change ☒ Addition

32 NAME

HOPTON, CAPTAIN ROBERT

33 STREET ADDRESS

P.O. BOX 71 N/A

34 CITY-ST-ZIP

SEBRING, FL

17. TITLE

D

NAME

HANDLEY, RUTH

STREET ADDRESS

235 MINI RANCH RD

CITY-ST-ZIP

SEBRING FL

41 TITLE

Director/Chairman

☒ Change ☐ Addition

42 NAME

HANDLEY, RUTH

43 STREET ADDRESS

235 MINI RANCH RD.

44 CITY-ST-ZIP

SEBRING, FL

18. TITLE

D

NAME

ROBERTS, KEVIN

STREET ADDRESS

P O BOX 1926 NA

CITY-ST-ZIP

SEBRING FL

51 TITLE

Director/Treasurer

☒ Change ☐ Addition

52 NAME

ROBERTS, KEVIN J.

53 STREET ADDRESS

P.O. Box 1926 N/A

54 CITY-ST-ZIP

SEBRING, FL

19. TITLE

D

NAME

CLINARD, JIM

STREET ADDRESS

291 S RIDGEWOOD DR

CITY-ST-ZIP

SEBRING FL

61 TITLE

Director

☐ Change ☒ Addition

62 NAME

ANDREWS, EMMETT

63 STREET ADDRESS

2237 N.E. LAKEVIEW DR.

64 CITY-ST-ZIP

SEBRING, FL

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kevin J. Roberts - Director/Treasurer 2-10-95 386-6625

SIGNATURE AND PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Signature Number