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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33870-2125**



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

3. Date Incorporated or Qualified

02/23/1993

3a. Date of Last Report

02/26/1996

4. FEI Number

65-0444941

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	☐ DELETE
NAME	HENSLEY, NANCY	
STREET ADDRESS	1608 THEON AVE	
CITY-ST-ZIP	SEBRING FL	
TITLE	DVC	☐ DELETE
NAME	WRIGHT, ROZALYNE P	
STREET ADDRESS	426 SCHOOL ST	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	☐ DELETE
NAME	GENTRY, DORIS	
STREET ADDRESS	P O BOX 1926 NA	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	☐ DELETE
NAME	WELLS, LONNIE	
STREET ADDRESS	309 US 27 SOUTH	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	DST	☐ DELETE
NAME	ROBERTS, KEVIN	
STREET ADDRESS	P O BOX 1926 NA	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	☒ DELETE
NAME	ANDREWS, EMMETT	
STREET ADDRESS	2237 NE LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	L.E. "Luke" Brooker	
1.3 STREET ADDRESS	430 S. Commerce	
1.4 CITY-ST-ZIP	Sebring, FL	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Swaine, Mary	
2.3 STREET ADDRESS	1731 Bignonia Ave.	
2.4 CITY-ST-ZIP	Sebring, FL	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Whitehead, Susan	
3.3 STREET ADDRESS	SunTrust Bank	
3.4 CITY-ST-ZIP	1901 U.S. 27 South, Sebring, FL	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Carlan, Claudette	
4.3 STREET ADDRESS	5732 Airport Road	
4.4 CITY-ST-ZIP	Sebring, FL 33870	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	McClure, John	
5.3 STREET ADDRESS	425 S. Commerce Avenue	
5.4 CITY-ST-ZIP	Sebring, FL	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 - Treasurer/Secretary* 1-29-97 941-386-6626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0054250

CR2E037 (9/96)