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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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 33870	2543 US 27 SOUTH SEBRING FL 33872 33870

3. Date Incorporated or Qualified: 02/23/1993

4. FEI Number: 65-0444941 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MACBETH, ROSS J
2543 US 27 SOUTH
SEBRING FL 33872 33870

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code 33870

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	L.E. "LUKE" BROOKER		1.2 NAME	
STREET ADDRESS	430 S. COMMRECE		1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SWAINE, MARY		2.2 NAME	
STREET ADDRESS	1731 BIGNONIA AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL		2. 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WHITEHEAD, SUSAN		3.2 NAME	
STREET ADDRESS	1901 U.S. 27 SOUTH		3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CARLAN, CLAUDETTE		4. 2 NAME	
STREET ADDRESS	5732 AIRPORT RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MCCLURE, JOHN		5.2 NAME	
STREET ADDRESS	425 S. COMMERCE AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ANDREWS, EMMETT		6.2 NAME	
STREET ADDRESS	2237 NE LAKEVIEW DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL		6.4 CITY-ST-ZIP	

CR2E037 (10/97)

14. I 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: [signature] **FILED** 1-21-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0082615