FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State
03-22-1999 90002 047 ****61.25

0058421

DOCUMENT # N93000001053

1. Corporation Name

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

244970 - 90002 - 47

Principal Place of Business	Mailing Address
2543 US 27 SOUTH SEBRING FL ~~33872~~ 33870	2543 US 27 SOUTH SEBRING FL ~~33872~~ 33870

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	02/23/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-044494 1 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MACBETH, ROSS J
2543 US 27 SOUTH
SEBRING FL 33872

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

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	D-Chairman	☐ Change ☒ Addition
NAME	L.E. "LUKE" BROOKER		1.2 NAME	HENSLEY, NANCY	
STREET ADDRESS	430 S. COMMRECE		1.3 STREET ADDRESS	1608 Theon Avenue	
CITY-ST-ZIP	SEBRING FL		1.4 CITY-ST-ZIP	Sebring, FL 33870	
TITLE	D	☒ DELETE	2.1 TITLE	D-Vice Chairman	☐ Change ☒ Addition
NAME	SWAINE, MARY		2.2 NAME	WRIGHT, ROZALYNE	
STREET ADDRESS	1731 BIGNONIA AVE.		2.3 STREET ADDRESS	426 School Street	
CITY-ST-ZIP	SEBRING FL		2.4 CITY-ST-ZIP	Sebring, FL 33870	
TITLE	D	☒ DELETE	3.1 TITLE	D-TREASURER/SECRETARY	☐ Change ☒ Addition
NAME	WHITEHEAD, SUSAN		3.2 NAME	ROBERTS, KEVIN	
STREET ADDRESS	1901 U.S. 27 SOUTH		3.3 STREET ADDRESS	7205 S. George Blvd.	
CITY-ST-ZIP	SEBRING FL		3.4 CITY-ST-ZIP	Sebring, FL 33872	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	CARLAN, CLAUDETTE		4.2 NAME	COX, MARK	
STREET ADDRESS	5732 AIRPORT RD.		4.3 STREET ADDRESS	140 S. Commerce Avenue	
CITY-ST-ZIP	SEBRING FL		4.4 CITY-ST-ZIP	Sebring, FL 33870	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	MCCLURE, JOHN		5.2 NAME	GENTRY, DORIS	
STREET ADDRESS	425 S. COMMERCE AVE.		5.3 STREET ADDRESS	P.O. Box 269	
CITY-ST-ZIP	SEBRING FL		5.4 CITY-ST-ZIP	Avon Park, FL 33826	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	ANDREWS, EMMETT		6.2 NAME	HANDLEY, SANDRA	
STREET ADDRESS	2237 NE LAKEVIEW DR		6.3 STREET ADDRESS	2609 Orange Grove Drive	
CITY-ST-ZIP	SEBRING FL		6.4 CITY-ST-ZIP	Sebring, FL 33870	continued on attached sheet

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: KEVIN J. ROBERTS 2-26-99 941-386-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kevin Roberts, Director, Treasurer/Secretary

244970-90002-47
N93000001053

CHILDREN'S SERVICES FOUNDATION OF HIGHLANDS COUNTY, INC.

ATTACHMENT TO NONPROFIT CORPORATION ANNUAL REPORT 1999

Continuation of 13.: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

7.1.	TITLE	D	☐ Change	☒Addition
7.2	NAME	McKENZIE, BUDDY		
7.3	STREET ADDRESS	1151 Lake Lotela Dr.		
7.4	CITY-ST-ZIP	Avon Park, FL 33825		
8.1.	TITLE	D	☐ Change	☒Addition
8.2	NAME	SCHOMMER, NICK		
8.3	STREET ADDRESS	325 S. Commerce Avenue		
8.4	CITY-ST-ZIP	Sebring, FL 33870		

C:\MyFiles\TEMP\CHILDRENSSERVICEANNUALREPORTCONTIN.wpd