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FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed; or on an attachment with an address, with all other like empowered

SIGNATURE:

Feb 20, 2002 8:00 am DOCUMENT # **N93000001053 Secretary of State** 02-20-2002 90118 049 ****61.25 CHILDREN'S SERVICES FOUNDATION OF HIGHLANDS COUN Principal Place of Business Mailing Address 543 US 27 SOUTH 2543 US 27 SOUTH Šebring FL 33872 SEBRING FL 33872 2. Principal Place of Business 3. Mailing Address P.O. Box 7125 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Sebriar Applied For City & State City & State 4. FEI Number 65-0444941 Not Applicable <u>Sebring,</u> Zip Country \$8.75 Additional 33872 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MACBETH, ROSS J 2543 US 27 SOUTH SEBRING FL 33872 City 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN .10 TITLE Delete TITLE ☐ Change Addition See Attached List. NAME HENSLEY, NANCY NAME STREET ADDRESS STREET ADDRESS 1608 THEON AVE CITY-ST-ZIP CITY-ST-ZIP Sebring FL 33870 Addition TITLE ☐ Delete TITLE ☐ Change NAME ROBERTS, KEVIN J NAME STREET ADDRESS STREET ADDRESS 7205 S GEORGE BLVD CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33872 Delete TITLE ☐ Change Addition WHITEHEAD, SUSAN NAME STREET ADDRESS STREET ADDRESS 1901 U.S. 27 SOUTH CITY-ST-ZIP CITY-ST-ZIP SEBRING FL TITLE Delete TITLE ☐ Change ☐ Addition NAME CARLAN, CLAUDETTE STREET ADDRESS 5732 AIRPORT RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEBRING FL TITLE ☐ Delete ☐ Change Addition NAME COX, MARK NAME STREET ADDRESS 140 S. COMMERCE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33870 TITLE ☐ Delete TITLE ☐ Addition ☐ Change GENTRY, DORIS NAME NAME STREET ADDRESS | P O BOX 269 STREET ADDRESS CITY-ST-ZIP AVON PARK FL 33826 CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if

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