2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90050 040 ****61.25

DOCUMENT # N93000001053

1. Entity Name

CHILDREN'S SERVICES FOUNDATION OF HIGHLANDS COUNTY, INC.

94UU5611

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
2543 US 27 SOUTH SEBRING FL 33872	P.O. BOX 7125 SEBRING FL 33872-0103

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent

MACBETH, ROSS J
2543 US 27 SOUTH
SEBRING FL 33872

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD HENSLEY, NANCY 1608 THEON AVE SEBRING FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARRUTHERS, MERCEDES 2811 DUFFER ROAD SEBRING FL 33872	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MTSD ROBERTS, KEVIN J 7205 S GEORGE BLVD SEBRING FL 33872	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COX, MARK 140 S. COMMERCE AVENUE SEBRING FL 33870	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITEHEAD, SUSAN 3721 CREEKSIDE DR. SEBRING FL 33875	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANDLEY, SANDRA 2609 ORANGE GROVE DRIVE SEBRING FL 33870	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEIDERL, PAT 20247 NE LAKEVIEW DR. SEBRING FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHOMMER, NICK 329 S. COMMERCE AVENUE SEBRING FL 33870	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GENTRY, DORIS 650 E. CORNELL ST. AVON PARK FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALINDER, JOY 2523 DOG LEG DR. SEBRING FL 33872	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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

SIGNATURE: Kevin J. Roberts KEVIN J. ROBERTS 1-27-04 (863) 402-6626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #