

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90064 036 ****61.25

DOCUMENT # N93000001053					
1. Entity Name CHILDREN'S SERVICES FOUNDATION OF HIGHLANDS COUNTY, INC.					
Principal Place of Business 2543 US 27 SOUTH SEBRING FL 33872			Mailing Address 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, 2005		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	PCD	☐ Delete	TITLE	PCD	☒ Change ☐ Addition
NAME	HENSLEY, NANCY		NAME	Hensley, Nancy	
STREET ADDRESS	1608 THEON AVE		STREET ADDRESS	1608 Assembly Point Dr.	
CITY-ST-ZIP	SEBRING FL 33870		CITY-ST-ZIP	Sebring, FL 33870	
TITLE	MTSD	☐ Delete	TITLE	MTSD	☒ Change ☐ Addition
NAME	ROBERTS, KEVIN J		NAME	Roberts, Kevin J.	
STREET ADDRESS	7205 S GEORGE BLVD		STREET ADDRESS	1155 S. Hickory Trail	
CITY-ST-ZIP	SEBRING FL 33872		CITY-ST-ZIP	Avon Park, FL 33825	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	COX, MARK		NAME	Carruthers, Mercedes	
STREET ADDRESS	140 S. COMMERCE AVENUE		STREET ADDRESS	2811 Duffer Rd.	
CITY-ST-ZIP	SEBRING FL 33870		CITY-ST-ZIP	Sebring, FL 33872	
TITLE	VD	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	LEIDERL, PAT		NAME	Leidel, Pat	
STREET ADDRESS	20247 NE LAKEVIEW DR.		STREET ADDRESS	2691 NE Lakeview Dr.	
CITY-ST-ZIP	SEBRING FL 33870		CITY-ST-ZIP	Sebring, FL 33870	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	GENTRY, DORIS		NAME	Schommer, Nick	
STREET ADDRESS	650 E. CORNELL ST.		STREET ADDRESS	329 S. Commerce Ave	
CITY-ST-ZIP	AVON PARK FL 33825		CITY-ST-ZIP	Sebring, FL 333870	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	SALINDER, JOY		NAME	Kirouac, Mike	
STREET ADDRESS	2523 DOG LEG DR.		STREET ADDRESS	2023 US Hwy 27N	
CITY-ST-ZIP	SEBRING FL 33872		CITY-ST-ZIP	Sebring, FL 33872	
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: <i>Kevin J. Roberts</i> Kevin J. Roberts			3/17/05 (863) 402-6629		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		