2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 06, 2006 8:00 am Secretary of State DOCUMENT # N93000001053 1. Entity Name 03-06-2006 90032 002 ****61.25 CHILDREN'S SERVICES FOUNDATION OF HIGHLANDS Principal Place of Business Mailing Address 2543 US 27 SOUTH P.O. BOX 7125 SEBRING FL 33872-0103 SEBRING FL 33872 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 65-0444941 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACBETH, ROSS J Street Address (P.O. Box Number is Not Acceptable) 2543 US 27 SOUTH SEBRING FL 33872 City 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 water to the transfer of the second of the FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS PCD Delete TITLE TITLE X Addition ☐ Channe HENSLEY, NANCY NAME Mercedes Rd. NAME Carruthers, 2811 Duffer 1608 ASSEMBLY POINT DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP SEBRING FL 33870 CITY+ST-7IP 33872 Sebring, FL MTSD TITLE TITLE Addition ☐ Delete Change ROBERTS, KEVIN J NAME NAME Schommer, Nick 329 S. Commerce Ave. 1155 S HICKORY TRAIL STREET ADDRESS STREET ADDRESS AVON PARK FL 33825 CITY-ST-ZIP CITY+ST-ZIP Sebring, FL 33870 X Addition TITLE ☐ Delete Change COX, MARK Kirouac, Mike NAME NAME STREET ADDRESS 140 S. COMMERCE AVENUE STREET ADDRESS 2023 US Hwy 27 North CITY-ST-7IP SEBRING FL 33870 CITY-ST-ZIP Sebring, FL 33872 VD TITLE ☐ Delete TITLE Change ☐ Addition LEIDERL, PAT NAME NAME 2691 NE LAKE VIEW DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING FL 33870 CITY+ST-7IP TITLE ☐ Delete Change TITLE ☐ Addition GENTRY, DORIS NAME NAME 650 E. CORNELL ST. STREET ADDRESS STREET ADDRESS AVON PARK FL 33825 CITY-ST-7P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition SALINDER, JOY NAME NAME 2523 DOG LEG DR. STREET ADDRESS STREET ADDRESS SEBRING FL 33872 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 (863) if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

402-6628

FILED