

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001053

FILED
Jan 13, 2007
Secretary of State

Entity Name: CHILDREN'S SERVICES FOUNDATION OF HIGHLANDS COUNTY, INC.

Current Principal Place of Business:

2543 US 27 SOUTH
SEBRING, FL 33872

New Principal Place of Business:

1000 S. HIGHLANDS AVE
SEBRING, FL 33870

Current Mailing Address:

P.O. BOX 7125
SEBRING, FL 338720103

New Mailing Address:

FEI Number: 65-0444941 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MACBETH, ROSS J
2543 US 27 SOUTH
SEBRING, FL 33872 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: HENSLEY, NANCY
Address: 1608 ASSEMBLY POINT DR
City-St-Zip: SEBRING, FL 33870

Title: MTSD () Delete
Name: ROBERTS, KEVIN J
Address: 1155 S HICKORY TRAIL
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: COX, MARK
Address: 140 S. COMMERCE AVENUE
City-St-Zip: SEBRING, FL 33870

Title: VD () Delete
Name: LEIDERL, PAT
Address: 2691 NE LAKE VIEW DR
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: GENTRY, DORIS
Address: 650 E. CORNELL ST.
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: SALINDER, JOY
Address: 2523 DOG LEG DR.
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN J. ROBERTS

MTSD

01/13/2007

Electronic Signature of Signing Officer or Director

Date