DOCUMENT # N9700004223  1. Entity Name BOYS & GIRLS CLUB OF HIGHLANDS COUNTY, INC.								Mar 28, 2002 8:00 am Secretary of State 03-28-2002 90139 015 ****61.25					
Principal Plac	ce of Busines	s	Mailing	Mailing Address									
2221 U.S. 27 SEBRING FL 3				2221 U.S. 27 SOUTH SEBRING FL 33870									
2. Principal F	Place of Business			3. Mailing Address									
Suite, Apt.	! !#, etc. !		Sui	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Star	te		City	City & State				EO 0400E00			oplied For of Applicable		
Zip		Country	Zip	Zip Co				5. Certificate of Status Desired   \$8.75 Additional Fee Required					
	6. Name and Address of Current R			Registered Agent				7. Name and Add	7. Name and Address of New Registered Agent				
									<del></del>		-	-	
	GOSSETT, GARY R JR 1221 U.S.! 27 SOUTH					Street Address (P.O. Box Number is Not Acceptable)							
						!							
SEDRING	FL 33870					City				FL	Zip Cod	е	
SIGNATURE	*	y submits this statemen						ed agent, or both, in	the state of Flori	DATE			
FILE NOW: FEE IS \$61.25  9. Election Ca Trust Fund						-		\$5.00 May Be Added to Fees	ded to Fees Department of State				
10.	1 12 11 20 20 20 20 20 20 20 20 20 20 20 20 20	OFFICERS AND	DIRECTORS		11.	•		ADDITIONS/CHANG	ES TO OFFICER	S AND DIRE	CTORS IN	l 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDE 1 0:0: E1 000111						T Hil 222 Seb	ton, Forre 1 U.S. 27 ring, Fl.	est South	I	☐ Change	Addition	
TITLE NAME STREET ADDRESS* CITY-ST-ZIP	DECERBO 2221 U.S.	), JOE 27 SOUTH FL 33870		" Delete			VP Shar 222	nnon, Robert 1 U.S. 27	ert South	1	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOAKER,	JOHN 27 SOUTH		Delete	NAMI STRE	<del></del>	D Whit 2221	e, Laura U.S. 27	South	t	Change	Addition	
TITLE NAME STREET ADDRESS	VP DOTY, KI			Delete	\$ TITLE \$ NAMI \$ STRE		peni		.33870		☐ Change	☐ Addition	

**SEBRING FL 33870** 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.

TITLE

NAME

NAME

☐ Delete

Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

**SIGNATURE** 

TITLE

NAME STREET ADDRESS

TITLE

NAME

D

SEBRING FL 33870

2221 U.S. 27 SOUTH

SEBRING FL 33870

GOSSETT, GARY R

2221 U.S. 27 SOUTH

CARUSO, JOHN

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

3-13-02 (863)385-9652

☐ Change

☐ Change

☐ Addition

☐ Addition

CR2E037 (9/01)