


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90052 037 \*\*\*\*61.25

**DOCUMENT # N97000004223**

1. Entity Name  
**BOYS & GIRLS CLUB OF HIGHLANDS COUNTY, INC.**



Principal Place of Business  
**111 MARTIN LUTHER KING JR. BLVD  
 SEBRING, FL 33870**

Mailing Address  
**2221 U.S. 27 SOUTH  
 SEBRING, FL 33870**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

01172008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3468588**

Applied For  
 Not Applicable

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



**6. Name and Address of Current Registered Agent**

**HILTON, FORREST H  
 702 US 27 NORTH  
 AVON PARK, FL 33825**

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

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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**

TITLE	P	<input type="checkbox"/> Delete
NAME	HILTON, FORREST	
STREET ADDRESS	702 U.S. 27 SOUTH	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIXON, BILL	
STREET ADDRESS	531 TASESTHEE DRIVE	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RYMES, JENNIFER	
STREET ADDRESS	4507 HARDER AVENUE	
CITY-ST-ZIP	SEBRING, FL 33875	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHANEY, GERALD	
STREET ADDRESS	1500 U.S. 27 S	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	D	<input type="checkbox"/> Delete
NAME	WASHINGTON, RAMONA	
STREET ADDRESS	227 U.S. 27	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, NELL	
STREET ADDRESS	111 MEMORIAL DR.	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACKMAN, DELORIS	
STREET ADDRESS	1680 N. DELAWARE AVE.	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	READ, GABRIEL	
STREET ADDRESS	1880 N. FIESTA RD.	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLOWERS, DAVID	
STREET ADDRESS	1502 ISIS LAKE DR.	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOUCK, BETTY	
STREET ADDRESS	1260 LAKE LOTELA DR.	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, JOE	
STREET ADDRESS	P.O. BOX 1057	
CITY-ST-ZIP	AVON PARK, FL 33826	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Forrest H. Hilton **Forrest H. Hilton** **1-30-2008** **863/452-2906**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #