

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005812

**Entity Name:** HIGHLANDS COUNTY COMMUNITY COALITION FOR  
SUBSTANCE ABUSE REDUCTION, INC.

**FILED**  
**Apr 22, 2015**  
**Secretary of State**  
**CC1757680849**

**Current Principal Place of Business:**

501 LEMON AVENUE  
SEBRING, FL 33870

**Current Mailing Address:**

501 LEMON AVENUE  
SEBRING, FL 33870

**FEI Number: 20-3918887**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

ALAYANDE, AISHA O  
501 LEMON AVENUE  
SEBRING, FL 33870 US

*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:** AISHA O ALAYANDE

04/22/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name RAWLINGS, JACQUELYN  
Address 4815 WEST JOSEPHINE ROAD  
City-State-Zip: LAKE PLACID FL 33825

Title VC  
Name HARRIMAN, ART  
Address 100 WEST COLLEGE DRIVE  
City-State-Zip: AVON PARK FL 33825

Title DIRECTOR  
Name BUELOW, SUSAN  
Address 501 LEMON AVENUE  
City-State-Zip: SEBRING FL 33870

Title TREASURER  
Name MOORE, LARRY G JR.  
Address 522 ROSE AVENUE  
City-State-Zip: SEBRING FL 33870

Title DIRECTOR  
Name CUENCAS, EDDIE  
Address 600 W. COLLEGE DRIVE  
City-State-Zip: AVON PARK FL 33825

Title DIRECTOR  
Name JACKSON, KELLI  
Address 501 LEMON AVENUE  
City-State-Zip: SEBRING FL 33870

Title DIRECTOR  
Name LOPEZ, ANTHONY  
Address 501 LEMON AVENUE  
City-State-Zip: SEBRING FL 33870

Title OTHER  
Name ALAYANDE, AISHA O  
Address 501 LEMON AVENUE  
City-State-Zip: SEBRING FL 33870

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** AISHA ALAYANDE

**DIRECTOR**

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            MOORE, BARBARA  
Address        7205 S GEORGE BLVD  
City-State-Zip: SEBRING FL 33875