

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005812

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

FILED
Feb 24, 2016
Secretary of State
CC4853670749

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

02/24/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name MACOOL, SUSAN
Address 202 CIRCLE PARK DRIVE
City-State-Zip: SEBRING FL 33870

Title CHAIRMAN
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 TREASURER, ASST. SECRETARY
Name JACKSON, KELLI
Address 501 LEMON AVENUE
City-State-Zip: SEBRING FL 33870

Title VC, SECRETARY
Name PLANKENHORN, MARY
Address 1968 SEBRING PKWY
City-State-Zip: SEBRING FL 33870

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

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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

02/24/2016

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