

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11098

**Entity Name:** CHILDREN'S MUSEUM OF THE HIGHLANDS, INC.

**Current Principal Place of Business:**

219 NORTH RIDGEWOOD DRIVE  
SEBRING, FL 33871-1243

**Current Mailing Address:**

P.O. BOX 1243  
SEBRING, FL 33871-1243 US

**FEI Number:** 59-2626645

**Certificate of Status Desired:** No

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

SWAINE, ROBERT S  
425 S. COMMERCE 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:** ROBERT S SWAINE

04/25/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HARTLINE, JESSICA  
Address        2151 U.S. 27 SOUTH  
City-State-Zip: SEBRING FL 33870

Title            VP  
Name            SWAINE, WILL  
Address        145 WEST CENTER AVENUE  
City-State-Zip: SEBRING FL 33870

Title            TREASURER  
Name            PAUZE, JENNIFER  
Address        4524 TARREGA ST  
City-State-Zip: SEBRING FL 33872

Title            DIRECTOR  
Name            CLARK, BOBBIE  
Address        250 BLUEBERRY ROAD  
City-State-Zip: SEBRING FL 33872

Title            SECRETARY  
Name            FITCH, SARAH  
Address        832 GARLAND AVENUE  
City-State-Zip: SEBRING FL 33875

Title            DIRECTOR  
Name            DRESSEL, KELLY  
Address        P.O. BOX 1243  
City-State-Zip: SEBRING FL 33871-1243

Title            DIRECTOR  
Name            SPIRES, GENE  
Address        24 RISING R ROAD  
City-State-Zip: LAKE PLACID FL 33852

Title            DIRECTOR  
Name            NICHOLS, NANCY  
Address        P.O. BOX 1243  
City-State-Zip: SEBRING FL 33871

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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:** WILL SWAINE

VP

04/25/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           WYATT, JENNIFER  
Address        P.O. BOX 1243  
City-State-Zip: SEBRING FL 33871

Title           DIRECTOR  
Name           MUSSELMAN, BRYANT  
Address        2160 LAKEVIEW DRIVE  
City-State-Zip: SEBRING FL 33870