

2024 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

04/27/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title SECRETARY
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

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

Title DIRECTOR
Name MUSSELMAN, BRYANT
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: J WILL SWAINE

PRESIDENT

04/27/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PERRY, CATHY
Address 507 BEAR ROAD
City-State-Zip: LAKE PLACID FL 33852

Title DIRECTOR
Name FULLER , NORMA
Address 5425 LAKE DENTON ROAD
City-State-Zip: AVON PARK FL 33825

Title DIRECTOR
Name HIGGINS, BRITTANY
Address 3 N MAIN AVE
City-State-Zip: LAKE PLACID FL 33852

Title DIRECTOR
Name FOSTER , MARGARET
Address 4301 LAKE VISTA DRIVE
City-State-Zip: SEBRING FL 33875

Title DIRECTOR
Name SHAW-MARTZ, CIARA
Address 4610 LAKEVIEW DRIVE
City-State-Zip: SEBRING FL 33870