

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000010206

Entity Name: CHRISTMAS IN THE HIGHLANDS INC **SEE NOTE*****Current Principal Place of Business:**C/O RONALD JOSEPH STUBBLEFIELD
1900 STATE ROAD 64 WEST
AVON PARK, FL 33825**Current Mailing Address:**C/O RONALD JOSEPH STUBBLEFIELD
PO BOX 8685
SEBRING, FL 33872 US**FEI Number:** 47-5129192**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**STUBBLEFIELD, RONALD J
C/O RONALD JOSEPH STUBBLEFIELD
PO BOX 8685
SEBRING, FL 33872 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	STUBBLEFIELD, RONALD JOSEPH PASTOR
Address	PO BOX 8685
City-State-Zip:	SEBRING FL 33872

Title	TREASURER
Name	CANDIDO, GARCIA PASTOR
Address	1900 SR64 W
City-State-Zip:	AVON PARK FL 33825

Title	MINISTRY LIAISON
Name	POWELL, TYRONE PASTOR
Address	3780 LAKEVIEW DR
City-State-Zip:	SEBRING FL 33870

Title	OUTREACH MANGER
Name	LABRADA, ANDRES
Address	C/O RONALD JOSEPH STUBBLEFIELD PO BOX 8685
City-State-Zip:	SEBRING FL 33872

Title	VP
Name	DITTMAN, MIKE PASTOR
Address	2740 N HARBOR CITY BLVD.
City-State-Zip:	MELBOURNE FL 32935

Title	SECRETARY
Name	POWELL, SOPHIA
Address	3780 LAKEVIEW DR
City-State-Zip:	SEBRING FL 33870

Title	MEDIA
Name	ZIMMER, RONALD PASTOR
Address	P.O. BOX 716
City-State-Zip:	AVON PARK FL 33826

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: RONALD STUBBLEFIELD**PRESIDENT****02/16/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date