2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2017
Secretary of State
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Entity Name: CHAMPION FOR CHILDREN FOUNDATION OF HIGHLANDS COUNTY, INC.

Current Principal Place of Business:

419 E. CENTER AVENUE
SEBRING, FL 33870

Current Mailing Address:

P.O. BOX 7125
SEBRING, FL 33872-0103

FEI Number: 65-0444941

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MACBETH, ROSS J
2543 US 27 SOUTH
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, CHAIRMAN
Name	HENSLEY, NANCY
Address	1608 ASSEMBLY POINT DR
City-State-Zip:	SEBRING FL 33870

Title	SECRETARY
Name	COX, MARK
Address	140 S. COMMERCE AVENUE
City-State-Zip:	SEBRING FL 33870

Title	DIRECTOR
Name	ZEEGERS, PETE
Address	1820 SAND TRAP COURT
City-State-Zip:	SEBRING FL 33872

Title	DIRECTOR
Name	JERNIGAN, JILL
Address	1230 EDGEWATER POINT DR.
City-State-Zip:	SEBRING FL 33870

Title	CEO, TREASURER
Name	ROBERTS, KEVIN J
Address	1155 S HICKORY TRAIL
City-State-Zip:	AVON PARK FL 33825

Title	DIRECTOR
Name	NORBERTO, JEZIMAR
Address	1908 HIBISCUS DR.
City-State-Zip:	SEBRING FL 33870

Title	DIRECTOR
Name	SALINDER, JOY
Address	1815 LAKEVIEW DR.
City-State-Zip:	SEBRING FL 33870

Title	DIRECTOR
Name	KEIBER, MEREDITH
Address	2543 US HIGHWAY 27 SOUTH
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: CARISSA J. MARINE — DIRECTOR OF CHILDREN'S SERVICES — 01/18/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	VP, VC
Name	SCHOMMER, NICK
Address	3615 PAR ROAD
City-State-Zip:	SEBRING FL 33872

Title	DIRECTOR
Name	JOHNSON, BETH
Address	1100 NANCESOWEE AVE.
City-State-Zip:	SEBRING FL 33870

Title	DIRECTOR
Name	BIANCE, JASON
Address	545 S. PINE STREET
City-State-Zip:	SEBRING FL 33870

Title	DIRECTOR
Name	HILLS, LAKETRA
Address	P.O. BOX 2227
City-State-Zip:	SEBRING FL 33862

Title	DIRECTOR
Name	JULIANO, ALISON
Address	126 S PINE ST.
City-State-Zip:	SEBRING FL 33870

Title	DIRECTOR OF CHILDREN'S SERVICES
Name	MARINE, CARISSA J
Address	3327 BRISTOL STREET
City-State-Zip:	SEBRING FL 33872