

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001053

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:**419 E. CENTER AVENUE
SEBRING, FL 33870 US**FEI Number: 65-0444941****Certificate of Status Desired: No****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 CHAIRMAN EMERITUS
Name HENSLEY, NANCY
Address 1608 ASSEMBLY POINT DR
City-State-Zip: SEBRING FL 33870

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

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

Title TREASURER
Name BIANCE, JASON
Address 1561 LAKEVIEW DR. #919
City-State-Zip: SEBRING FL 33870

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

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

Title DIRECTOR
Name KEIBER, MEREDITH
Address 2543 US HIGHWAY 27 SOUTH
City-State-Zip: SEBRING FL 33870

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

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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: CARISSA MARINE**CEO****01/04/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

Title CEO
Name MARINE, CARISSA J
Address 222 LAKE DRIVE BLVD.
City-State-Zip: SEBRING FL 33875