

2025 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 FOUNDER / CHAIRMAN

Name ROBERTS, KEVIN J

Address 1155 S HICKORY TRAIL

City-State-Zip: AVON PARK FL 33825

Title TREASURER

Name BIANCE, JASON

Address 5701 29TH AVENUE N

City-State-Zip: ST. PETERSBURG FL 33710

Title DIRECTOR

Name JERNIGAN, JILL

Address 1230 EDGEWATER POINT DR.

City-State-Zip: SEBRING FL 33870

Title VP, VC

Name SCHOMMER, NICK

Address 3615 PAR ROAD

City-State-Zip: SEBRING FL 33872

Title SECRETARY

Name COX, MARK

Address 140 S. COMMERCE AVENUE

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

Title DIRECTOR

Name HILLS, LAKETRA

Address P.O. BOX 2227

City-State-Zip: SEBRING FL 33862

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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: LIZ PRENDERGAST**CEO****01/02/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title CEO
Name PRENDERGAST, LIZ
Address 8200 SPARTA RD.
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name ANSLEY, WOODS
Address 179 HUNTLEY OAKS BLVD.
City-State-Zip: LAKE PLACID FL 33852

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

Title DIRECTOR
Name GARRETT, ROBERTS
Address 400 S. EUCALYPTUS ST.
City-State-Zip: SEBRING FL 33870