

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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55 MAY -1 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Mumford
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713046

(1)

1. Corporation Name:

HIGHLANDS ART LEAGUE, INCORPORATED

Principal Place of Business:

Mailing Address:

351 W. CENTER AVENUE
SEBRING FL 33870-0507

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SEBRING FL 33870-0507

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1967

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1211648

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under G 199.002,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business:

2a. Mailing Address:

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILBUR E. YOUNG
106 LOQUAT ROAD N.W.
LAKE PLACID FL 33852

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of President, Secretary, Treasurer, or Registered Agent)

(Signature of Registered Agent, if different from above)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	HANSEN, ALICE
STREET ADDRESS	1219 HOTIYE
CITY, ST, ZIP	SEBRING FL
TITLE	VD
NAME	SUMMERS, ELIZABETH K.
STREET ADDRESS	842 TANGERINE ROAD N.W.
CITY, ST, ZIP	LAKE PLACID FL
TITLE	VD
NAME	STROUP, CHARLEEN
STREET ADDRESS	1050 CRACKER HAMMOCK
CITY, ST, ZIP	SEBRING FL
TITLE	VD
NAME	DUMONT, DARIAN D.
STREET ADDRESS	1381 TALBOTT AVE.
CITY, ST, ZIP	AVON PARK FL
TITLE	SD
NAME	HEIM, BETTY
STREET ADDRESS	2700 CHEYENNE RD
CITY, ST, ZIP	SEBRING FL
TITLE	YD
NAME	YOUNG, WILBUR E.
STREET ADDRESS	106 LOQUAT ROAD NW
CITY, ST, ZIP	LAKE PLACID FL

11 TITLE	PD	☒ Change ☐ Addition
12 NAME	Wes Siegrist	
13 STREET ADDRESS	3396 NW 34th Ave.	
14 CITY, ST, ZIP	Okeechobee, FL 34927	☐ Change ☐ Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE	SD	☒ Change ☐ Addition
32 NAME	Jan Fetters	
33 STREET ADDRESS	4608 Pitching Wedge Way	
34 CITY, ST, ZIP	Sebring, FL 33872	☐ Change ☐ Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE	VD	☒ Change ☐ Addition
52 NAME	Betty Heim	
53 STREET ADDRESS	3633 Sunrise	
54 CITY, ST, ZIP	Sebring, FL 33872	
61 TITLE	D	☒ Change ☐ Addition
62 NAME	Wilbur E. Young	
63 STREET ADDRESS	106 Loquat Rd. NW	
64 CITY, ST, ZIP	Lake Placid, FL 33852	

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wilbur E. Young 4/25/95 (813) 465-0430