FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	351 W. CENTER AVENUE SEBRING FL 33870-0507

3. Date Incorporated or Qualified: 07/07/1967

4. FEI Number: 59-1211648 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SUSAN HAYNES
2801 SNYDER ROAD
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name: MIKE SWAINE, ATTY
82 Street Address (P.O. Box Number is Not Acceptable): 425 SOUTH COMMERCE AVENUE
83
84 City: SEBRING FL 85 Zip Code: 33870

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: J. Michael Swaine, Attorney 4/28/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD F	☒ DELETE	1.1 TITLE	P D	☐ Change ☒ Addition
NAME	ITCH, MIKE		1.2 NAME	ANDREWS, JACKIE	
STREET ADDRESS	3013 CREEKSIDE CT		1.3 STREET ADDRESS	4022 WESTMINSTER ROAD	
CITY-ST-ZIP	SEBRING FL		1.4 CITY-ST-ZIP	SEBRING, FL 33872	
TITLE	VD	☒ DELETE	2.1 TITLE	V1 D	☐ Change ☒ Addition
NAME	SUMMERS, ELIZABETH K.		2.2 NAME	CROSS, PATSY	
STREET ADDRESS	842 TANGERINE ROAD N.W.		2.3 STREET ADDRESS	3718 CREEKSIDE DRIVE	
CITY-ST-ZIP	LAKE PLACID FL		2.4 CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	SD	☒ DELETE	3.1 TITLE	V2 D	☐ Change ☒ Addition
NAME	NUGENT, JUDY		3.2 NAME	SUMMERS, B JO	
STREET ADDRESS	2815 PAR RD		3.3 STREET ADDRESS	842 TANGERINE ROAD NW	
CITY-ST-ZIP	SEBRING FL		3.4 CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	D	☒ DELETE	4.1 TITLE	V3 D	☐ Change ☒ Addition
NAME	DUMONT, DARIAN D		4.2 NAME	FETTERS, JAN	
STREET ADDRESS	2115 SUNSET DR		4.3 STREET ADDRESS	4608 PITCHING WEDGE WAY	
CITY-ST-ZIP	SEBRING FL		4.4 CITY-ST-ZIP	SEBRING, FL 33872	
TITLE	D	☒ DELETE	5.1 TITLE	S D	☐ Change ☒ Addition
NAME	SCHUMACHER, AIDA		5.2 NAME	CARLISLE, BETTY	
STREET ADDRESS	1901 DESOTO PL		5.3 STREET ADDRESS	3145 PARADISE PATH	
CITY-ST-ZIP	SEBRING FL		5.4 CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	TD	☒ DELETE	6.1 TITLE	T D	☐ Change ☒ Addition
NAME	MCCLURE, JOHN		6.2 NAME	YOUNG, WILBUR	
STREET ADDRESS	3045 SNYDER RD		6.3 STREET ADDRESS	106 LOQUAT ROAD	
CITY-ST-ZIP	SEBRING FL		6.4 CITY-ST-ZIP	LAKE PLACID, FL 33852	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.