2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State
08-22-2006 90028 044 ****61.25

DOCUMENT # 713046

1. Entity Name
HIGHLANDS ART LEAGUE, INCORPORATED

50025857

Principal Place of Business	Mailing Address
351 W. CENTER AVENUE SEBRING, FL 33870-0507	351 W. CENTER AVENUE SEBRING, FL 33870-0507

06212006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
1989 LAKEVIEW DR Suite, Apt. #, etc.	1989 LAKEVIEW DR Suite, Apt. #, etc.
City & State: SEBRING Zip: 33870 Country:	City & State: SEBRING, FL Zip: 33870 Country:

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCLURE, JOHN K
230 SOUTH COMMERCE AVENUE
SEBRING, FL 33870

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KAHN, MARVIN 2207 NE LAKEVIEW DR SEBRING, FL 33870	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Don Elwell 1610 Lakeview Dr Sebring, FL 33870	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HATFIELD, CHRISTINE 3100 GOLDVIEW RD SEBRING, FL 33872	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Martile Blackman 6601 Sparta Road Sebring, FL 33875	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FULLER, SONIA 2117 VANTAGE TRACE SEBRING, FL 33872	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Sarah Earls 2486 Wolf Creek Rd. Sebring, FL 33875	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FRANCOEUR, EMMA P.O. BOX 4433 SEBRING, FL 33872	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Debbie Kendrick PO Box 1782 Sebring, FL 33871	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Don Elwell 8-17-06 863-385-5312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #