2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # 713046

1. Entity Name
HIGHLANDS ART LEAGUE, INCORPORATED

Principal Place of Business	Mailing Address
1989 LAKEVIEW DR SEBRING, FL 33870	1989 LAKEVIEW DR SEBRING, FL 33870

DO NOT WRITE IN THIS SPACE

04302007 No Chg-NP CR2E037 (4/06)

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

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

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ELWELL, DON
STREET ADDRESS	1610 LAKEVIEW DR
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	DV
NAME	BLACKMAN, MARTILE
STREET ADDRESS	6601 SPARTA RD
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	SD
NAME	EARLS, SARAH
STREET ADDRESS	2486 WOLF CREEK RD
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	TD
NAME	KENDRICK, DEBBIE
STREET ADDRESS	PO BOX 1782
CITY-ST-ZIP	SEBRING, FL 33871
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/25/07-80072-014 61.25

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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: Deborah Kendrick Tess 5-01-07 863-386-4189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #