2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# 713046

Entity Name: HIGHLANDS ART LEAGUE, INCORPORATED

Current Principal Place of Business:

1989 LAKEVIEW DR
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

1989 LAKEVIEW DR
SEBRING, FL 33870

New Mailing Address:

FEI Number: 59-1211648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCLURE, JOHN K
211 SOUTH RIDGEWOOD DRIVE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ELWELL, DON
Address: 1610 LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870

Title: DV ( ) Delete
Name: BLACKMAN, MARTILE
Address: 6601 SPARTA RD
City-St-Zip: SEBRING, FL 33875

Title: SD ( ) Delete
Name: FOSTER, SUSAN
Address: 1633 PASADENA AVE
City-St-Zip: SEBRING, FL 33870

Title: TD ( ) Delete
Name: WHOL, JERI
Address: 1800 SR 17 S
City-St-Zip: SEBRING, FL 33870

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WOHL, JERI B
Address: 1800 SR 17 SOUTH
City-St-Zip: AVON PARK,, FL 33825

Title: DV (X) Change ( ) Addition
Name: HUCKE, MAGGIE
Address: 401 MARAVILLA AVENUE
City-St-Zip: SEBRING, FL 33875

Title: DV (X) Change ( ) Addition
Name: KENDRICK, DEBBIE
Address: P.O. BOX 1782
City-St-Zip: SEBRING, FL 33871

Title: TD (X) Change ( ) Addition
Name: HATCH, MARTHA J
Address: 4360 LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870

Title: SD ( ) Change (X) Addition
Name: KIEBER, MEREDITH M
Address: 2543 US 27 SOUTH
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JERI B. WOHL PD 04/23/2009

Electronic Signature of Signing Officer or Director — Date