

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 713046

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** HIGHLANDS ART LEAGUE, INCORPORATED

**Current Principal Place of Business:**

1989 LAKEVIEW DR  
SEBRING, FL 33870

**New Principal Place of Business:**

351 WEST CENTER AVENUE  
SEBRING, FL 33870

**Current Mailing Address:**

1989 LAKEVIEW DR  
SEBRING, FL 33870

**New Mailing Address:**

351 WEST CENTER AVENUE  
SEBRING, FL 33870

**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  
Name: WOHL, JERI B  
Address: 1800 SR 17 SOUTH  
City-St-Zip: AVON PARK,, FL 33825

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

Title: DV  
Name: HALL, BARBARA  
Address: 1649 E PINECREST DRIVE  
City-St-Zip: AVON PARK, FL 33825

Title: TD  
Name: HATCH, MARTHA J  
Address: 4360 LAKEVIEW DRIVE  
City-St-Zip: SEBRING, FL 33870

Title: SD  
Name: WRIGHT, SUZANNE  
Address: 1519 LAKE LOTELA DR.  
City-St-Zip: AVON PARK, FL 33825

I hereby 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 all other like empowered.

SIGNATURE: JERI B WOHL

PD

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date