

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719239

FILED
Apr 11, 2008
Secretary of State

Entity Name: HIGHLANDS LAKES VOLUNTEER FIRE AND RESCUE ASSOCIATION, INC.

Current Principal Place of Business:

2840 N HIGHLANDS BLVD.
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7
AVON PARK, FL 33826 US

New Mailing Address:

FEI Number: 59-6533620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORSE, MICHAEL P
2451 N. AVON BLVD.
AVON PARK, FL 33825 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: P () Delete
Name: MORSE, MICHAEL P
Address: P.O. BOX 1871
City-St-Zip: AVON PARK, FL 33826 US

Title: VP () Delete
Name: OLSEN, KURT
Address: 5215 MICHON PATH
City-St-Zip: AVON PARK, FL 33825 US

Title: SD () Delete
Name: FALK, CELIA M
Address: 309 THOMAS AVE
City-St-Zip: FROSTPROOF, FL 33843 US

Title: T () Delete
Name: JOLIN, MICHELLE
Address: 2132 N. ZEPHER RD.
City-St-Zip: AVON PARK, FL 33825 US

Title: D () Delete
Name: HECKARD, JUSTIN R
Address: 309 THOMAS AVE.
City-St-Zip: FROSTPROOF, FL 33843 US

Title: D () Delete
Name: SIMPSON, JAMES T
Address: 21 W. RAYMOND ST.
City-St-Zip: AVON PARK, FL 33825 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HECKARD, JUSTIN R
Address: 2451 N. AVON BLVD.
City-St-Zip: AVON PARK, FL 33825 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL MORSE

P

04/11/2008

Electronic Signature of Signing Officer or Director

Date