FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737243 (6)

1. Corporation Name
HIGHLANDS GRACE REFORMED CHURCH, INC.

Principal Place of Business	Mailing Address
1855 HIBISCUS DR. SEBRING FL 33870 US	1855 HIBISCUS DR. SEBRING FL 33870 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1705459 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 514 N. Pine St.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Sebring, FL	28 City & State
24 Zip: 33870 25 Country: USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent

SAGER, EDWARD W
1855 HIBISCUS DR.
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	11 TITLE	P/D	☒ Change ☐ Addition
NAME	LIANES, DR. JOSE	12 NAME	Edward W. SAGER	
STREET ADDRESS	1855 HIBISCUSS DRIVE	13 STREET ADDRESS	1855 Hibiscus Dr.	
CITY-ST-ZIP	SEBRING FL	14 CITY-ST-ZIP	Sebring, FL 33870	
TITLE	T	21 TITLE	T/D	☒ Change ☐ Addition
NAME	WILLIAMS, ED	22 NAME	Thomas S. SAGER	
STREET ADDRESS	2340 NW 155 TERRACE	23 STREET ADDRESS	18 APCI Trailer Park	
CITY-ST-ZIP	AVON PARK FL	24 CITY-ST-ZIP	Avon Park, FL 33825	
TITLE	D	31 TITLE	D	☐ Change ☐ Addition
NAME	WATSON, STEVE	32 NAME		
STREET ADDRESS	1725 NEBRASKA AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: Edward W. Sager, Director — 22 April 1995 — (813)385-3787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Edward W. SAGER

D06A201