2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2006
Secretary of State

DOCUMENT# 737243

Entity Name: HIGHLANDS GRACE REFORMED CHURCH, INC.

Current Principal Place of Business:

514 N PINE ST
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

113 APPLE TREE AVE
LAKE PLACID, FL 33852 US

New Mailing Address:

FEI Number: 59-1705459 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, ROBERT G
113 APPLE TREE AVE
LAKE PLACID, FL 33852 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: SAGER, EDWARD W
Address: 1855 HIBISCUS DR
City-St-Zip: SEBRING FL, FL 33870

Title: V ( ) Delete
Name: SAGER, THOMAS S
Address: 9500 ORANGE BLOSSOM BLVD
City-St-Zip: SEBRING, FL 33875

Title: T ( ) Delete
Name: CAMPBELL, ROBERT G
Address: 113 APPLETREE AVE
City-St-Zip: LAKE PLACID, FL FL33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SAGER, EDWARD W
Address: 1855 HIBISCUS DR
City-St-Zip: SEBRING FL, FL 33870 US

Title: V (X) Change ( ) Addition
Name: SAGER, THOMAS S
Address: 9500 ORANGE BLOSSOM BLVD
City-St-Zip: SEBRING, FL 33875 US

Title: T (X) Change ( ) Addition
Name: CAMPBELL, ROBERT G
Address: 113 APPLETREE AVE
City-St-Zip: LAKE PLACID, FL FL33852 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT G. CAMPBELL T 01/07/2006
Electronic Signature of Signing Officer or Director Date