

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737243

FILED  
Feb 16, 2009  
Secretary of State

**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 US

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

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

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: ROBERT G. CAMPBELL

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02/16/2009

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

\_\_\_\_\_  
Date