

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742357

FILED
Feb 12, 2009
Secretary of State

Entity Name: HIGHLANDS SERTOMA CLUB, INC.

Current Principal Place of Business:

140 S COMMERCE
SEBRING, FL 33870 US

New Principal Place of Business:

140 S COMMERCE AVE.
SEBRING, FL 33870 US

Current Mailing Address:

140 S COMMERCE
SEBRING, FL 33870 US

New Mailing Address:

140 S COMMERCE AVE.
SEBRING, FL 33870 US

FEI Number: 59-1805562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOMMER, NICHOLAS G., P.A.
329 S. COMMERCE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

SCHOMMER, NICHOLAS G., P.A.
329 S. COMMERCE AVE.
SEBRING, FL 33870 US

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:

02/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: ZIMMERMAN, MIKE
Address: P.O. BOX 1573
City-St-Zip: SEBRING, FL 33871

Title: TD () Delete
Name: COX, C MARK
Address: 140 S COMMERCE AVE
City-St-Zip: SEBRING, FL 33870

Title: S () Delete
Name: TAYLOR, CHARLES
Address: 4611 BUNKLER DRIVE
City-St-Zip: SEBRING, FL 33872

Title: P () Delete
Name: O'NEAL, JOHN
Address: P.O. BOX 1149
City-St-Zip: WAUCHULA, FL 33873

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:

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: C. MARK COX

TD

02/12/2009

Electronic Signature of Signing Officer or Director

Date