


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 AM
Secretary of State

DOCUMENT # 744614 1. Entity Name HIGHLANDS CHURCH OF CHRIST, INC.	
--	---



02252008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FARRIS, MERLE 924 JULIE LANE LAKELAND, FL 33813
--

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAULKNER, CHARLIE 7028 HAZELTINE CIR LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARRIS, MERLE 924 JULIE LANE LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KIRKLAND, HENRY 1401 NE 1ST ST MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WICKMAN, ROBIN 1110 LAKE POINT DRIVE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALMSLEY, BOB 5307 BROOK WAY LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000848219
03/20/08-80008-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R.L. Wickman **R.L. WICKMAN** 3-308 863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer Date Daytime Phone #