

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744614

FILED
Mar 03, 2009
Secretary of State

Entity Name: HIGHLANDS CHURCH OF CHRIST, INC.

Current Principal Place of Business:

5730 LAKE LAND HIGHLANDS RD.
LAKE LAND, FL 338133216

New Principal Place of Business:

Current Mailing Address:

5730 LAKE LAND HIGHLANDS RD.
LAKE LAND, FL 338133216

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FARRIS, MERLE
924 JULIE LANE
LAKE LAND, FL 33813 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: D () Delete
Name: FAULKNER, CHARLIE
Address: 7028 HAZELTINE CIR
City-St-Zip: LAKE LAND, FL 33810

Title: PD () Delete
Name: FARRIS, MERLE
Address: 924 JULIE LANE
City-St-Zip: LAKE LAND, FL

Title: DV () Delete
Name: KIRKLAND, HENRY
Address: 1401 NE 1ST ST
City-St-Zip: MULBERRY, FL 33860

Title: TD () Delete
Name: WICKMAN, ROBIN
Address: 1110 LAKE POINT DRIVE
City-St-Zip: LAKE LAND, FL 33813

Title: SD () Delete
Name: WALMSLEY, BOB
Address: 5307 BROOK WAY
City-St-Zip: LAKE LAND, FL 33811

Title: () Delete
Name: _____
Address: _____
City-St-Zip: _____

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STEED, GIBSON
Address: 2663 MAGNOLIA AVE
City-St-Zip: LAKE LAND, FL 33813

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: _____

Title: D () Change (X) Addition
Name: PRESNELL, MARC
Address: 1912 VISTA VIEW DR
City-St-Zip: LAKE LAND, FL 33813

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: ROBIN WICKMAN

TD

03/03/2009

Electronic Signature of Signing Officer or Director

Date