## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000003602

FILED Jan 07, 2006 Secretary of State

Entity Name: REBUILDING TOGETHER HIGHLANDS COUNTY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 501 SO. COMMERCE AVE. SEBRING, FL 33870 **Current Mailing Address: New Mailing Address:** 501 SO. COMMERCE AVE. SEBRING, FL 33870 FEI Number: 03-0399576 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NUNNALLEE, THOMAS L 325 NORTH COMMERCE AVE. SEBRING, FL 33870 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PRES () Delete () Change () Addition DEVLIN, PAUL Name: Name: 315 TULANE CIR Address: Address: City-St-Zip: AVON PARK, FL 33825 City-St-Zip: Title: Title: ( ) Delete () Change () Addition MYRTETUS, JOE Name: Name: Address: 114 SHEPPARD RD Address: City-St-Zip: LAKE PLACID, FL 33852 City-St-Zip: Title: SEC () Delete Title: SEC (X) Change ( ) Addition PERRIN, MARIAN CLINARD, JAMES Name: Name: Address: 313 DOVE AV Address: 320 US 27 NORTH City-St-Zip: SEBRING, FL 33872 City-St-Zip: SEBRING, FL 33872 Title: DIR ( ) Delete Title: () Change () Addition Name: HESTON, JOHN T Name: Address: 317 TULANE CIR Address: City-St-Zip: AVON PARK, FL 33852 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition CLINARD, JIM CLARK, ROBERT Name: Name: 320 US 27 N 322 TULANE CIRCLE Address: Address: City-St-Zip: SEBRING, FL 33870 City-St-Zip: AVON PARK, FL 33825 Title: () Delete Title: () Change () Addition SAFFOLD ROBERT Name: Name: Address: 612 HYANCINTH AV Address: SEBRING, FL 33870 City-St-Zip: City-St-Zip:

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: PAUL DEVLIN PRES 01/07/2006