


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90186 043 \*\*\*\*61.25

<b>DOCUMENT # N00000003602</b>							
1. Entity Name REBUILDING TOGETHER HIGHLANDS COUNTY, INC.							
Principal Place of Business 501 SO. COMMERCE AVE. SEBRING, FL 33870			Mailing Address 501 SO. COMMERCE AVE. SEBRING, FL 33870				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 03-0399576			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
NUNNALLEE, THOMAS L 325 NORTH COMMERCE AVE. SEBRING, FL 33870			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	
			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 _____			DATE _____				
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PRES	<input type="checkbox"/> Delete	TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DEVLIN, PAUL		NAME	JEFFO JOHN			
STREET ADDRESS	315 TULANE CIR		STREET ADDRESS	41 E THOMAS ST			
CITY-ST-ZIP	AVON PARK, FL 33825		CITY-ST-ZIP	AVON PARK, FL 33825			
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MYRTETUS, JOE		NAME				
STREET ADDRESS	114 SHEPPARD RD		STREET ADDRESS				
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP				
TITLE	SEC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLINARD, JAMES		NAME				
STREET ADDRESS	320 US 27 NORTH		STREET ADDRESS				
CITY-ST-ZIP	SEBRING, FL 33872		CITY-ST-ZIP				
TITLE	DIR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HESTON, JOHN T		NAME				
STREET ADDRESS	317 TULANE CIR		STREET ADDRESS				
CITY-ST-ZIP	AVON PARK, FL 33852		CITY-ST-ZIP				
TITLE	TR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLARK, ROBERT		NAME				
STREET ADDRESS	322 TULANE CIRCLE		STREET ADDRESS				
CITY-ST-ZIP	AVON PARK, FL 33825		CITY-ST-ZIP				
TITLE	DIR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAFFOLD, ROBERT		NAME				
STREET ADDRESS	612 HYANCINTH AV		STREET ADDRESS				
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP				
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: <i>Robert A Clark</i>			Treasurer,		Date: 1/11/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		