

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003602

FILED
Jan 17, 2008
Secretary of State

Entity Name: REBUILDING TOGETHER HIGHLANDS COUNTY, INC.

Current Principal Place of Business:

501 SO. COMMERCE AVE.
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

501 SO. COMMERCE AVE.
SEBRING, FL 33870

New Mailing Address:

P.O. BOX 7006
SEBRING, FL 33872

FEI Number: 03-0399576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUNNALLEE, THOMAS L
325 NORTH COMMERCE AVE.
SEBRING, FL 33870 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: PRES () Delete
Name: DEVLIN, PAUL
Address: 315 TULANE CIR
City-St-Zip: AVON PARK, FL 33825

Title: VP () Delete
Name: MYRTETUS, JOE
Address: 114 SHEPPARD RD
City-St-Zip: LAKE PLACID, FL 33852

Title: SEC () Delete
Name: CLINARD, JAMES
Address: 320 US 27 NORTH
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: JEFFO, JOHN
Address: 41 EAST THOMAS ST
City-St-Zip: AVON PARK, FL 33825

Title: TR () Delete
Name: CLARK, ROBERT
Address: 322 TULANE CIRCLE
City-St-Zip: AVON PARK, FL 33825

Title: DIR () Delete
Name: SAFFOLD, ROBERT
Address: 612 HYANCINTH AV
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: FOSTER, SANDY
Address: 6414 US 27 SOUTH
City-St-Zip: SEBRING, FL 33870

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: PAUL DEVLIN

PRES

01/17/2008

Electronic Signature of Signing Officer or Director

Date