2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 14, 2007 8:00 am DOCUMENT # N00000007319 **Secretary of State** 1. Entity Name 03-14-2007 90035 005 ****61.25 THE HIGHLANDS RIDGE CHORALE, INC. Principal Place of Business Mailing Address 3214 S. PRETWICK DR. AVON PARK FL 33825-6061 3214 S. PRESTWICK DR. AVON PARK FL 33825-6061 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E037 (10/06) City & State Applied For City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRAND, ELIZABETH A Street Address (P.O. Box Number is Not Acceptable) 3420 E GLENEAGLES DR AVON PARK FL.33825-6051 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete HILLE Change ☐ Addition NAME HITMAR, JAMES NAME STREET ADDRESS STREET ADDRESS 4007 CARTER CRK DR CITY - ST - 71P CITY ST ZIP AVON PARK FL 33825-6069 TITLE VΡ ☐ Delete TITLE Change ☐ Addition tons, Deborah Address NAME MARTENS, DEBORAH NAME STREET ADDRESS 3316 E GREENSKEEPER DR STREET ADDRESS CHY-SI-7IP AVON PARK FL 33825 CITY-ST-7IP TITLE □ Delete THE NAME BRAND, ELIZABETH A NAME STREET ADDRESS STREET ADDRESS 3420 E GLENEAGLES DR CITY-ST-ZIP CITY-ST-ZIP AVON PARK FL 33825-6051 ☐ Delete TITLE ☐ Addition andis, Joan NAME NAME LANDIS, JOAN STREET ADDRESS STREET ADDRESS 3504 E ST ANDREWS DR CITY - ST- ZIP CITY-ST-7IP AVON PARK FL 33825 TITLE ☐ Addition TITLE ☐ Defete NAME CRUTTENDEN, KAREN NAME STREET ADDRESS 3504 E ST ANDREWS DR STREET ADDRESS CITY-ST-ZIP AVON PARK FL 33825 CITY ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP

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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:

3-19-07 (313)355-4457

hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information