

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000007319

1. Entity Name
THE HIGHLANDS RIDGE CHORALE, INC.



FILED
08 NOV -5 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3124 S. PRETWICK DR.
AVON PARK, FL 33825-6061

Mailing Address
3214 S. PRETWICK DR.
AVON PARK, FL 33825-6061

2. Principal Place of Business - No P.O. Box #

3124 S. PRETWICK DR

3. Mailing Address

3124 S. PRETWICK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



REINSTATEMENT 08

City & State

AVON PARK FL

City & State

AVON PARK FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

33825

Country

Zip

33825

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAND, ELIZABETH A
3420 E GLENEAGLES DR
AVON PARK, FL 33825-6051

7. Name and Address of New Registered Agent

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

Elizabeth A. Brand

(NOTE: Registered Agent signature required when reinstating)

DATE

10-31-08

FILE NOW!!! FEE IS \$61.25
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HITMAR, JAMES	
STREET ADDRESS	4007 CARTER CRK DR	
CITY-ST-ZIP	AVON PARK, FL 338256069	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTENS, DEBORAH	
STREET ADDRESS	3934 PUMA DR	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRAND, ELIZABETH A	
STREET ADDRESS	3420 E GLENEAGLES DR	
CITY-ST-ZIP	AVON PARK, FL 338256051	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LANDIS, JOAN	
STREET ADDRESS	3243 E. PEBBLE CREEK	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRUTTENDEN, KAREN	
STREET ADDRESS	3504 E ST ANDREWS DR	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINER, CATHERINE	
STREET ADDRESS	3400 E. ST. ANDREWS DR	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOANN M. JOHNSON	
STREET ADDRESS	3408 E. ST. ANDREWS DR	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, CONNIE	
STREET ADDRESS	3545 E. GLENEAGLES DR.	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Joann M. Johnson JOANN M. JOHNSON October 31, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2011/6