

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N0100Q003985

1. Entity Name

HIGHLANDS COUNTY CHAPTER OF ASI, INC.



Principal Place of Business

1117 US 27 SOUTH
SEBRING, FL 33870

Mailing Address

1117 US 27 SOUTH
SEBRING, FL 33870



07092004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0455055

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALZ, DOUG
1117 US 27 SOUTH
SEBRING, FL 33870

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|-----------------------|----------------------------|
| TITLE | PD |
| NAME | WALZ, DOUG |
| STREET ADDRESS | 1115 NE LAKEVIEW DRIVE |
| CITY-ST-ZIP | SEBRING, FL 33870 |
| TITLE | VSD |
| NAME | SAGER, BILL |
| STREET ADDRESS | 1545 WEST POINSETTIA DRIVE |
| CITY-ST-ZIP | AVON PARK, FL 33825 |
| TITLE | TD |
| NAME | HILTON, FORREST |
| STREET ADDRESS | 2170 WEST BORDER ROAD |
| CITY-ST-ZIP | AVON PARK, FL 33825 |
| TITLE | D |
| NAME | BROWN, GEORGE |
| STREET ADDRESS | 2711 POMELO AVENUE N |
| CITY-ST-ZIP | AVON PARK, FL 33825 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

000000166157
07/14/04-80005-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #