2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005
Secretary of State

DOCUMENT# N01000003985

Entity Name: HIGHLANDS COUNTY CHAPTER OF ASI, INC.

Current Principal Place of Business:

1117 US 27 SOUTH
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

1117 US 27 SOUTH
SEBRING, FL 33870

New Mailing Address:

FEI Number: 65-0455055 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WALZ, DOUG
1117 US 27 SOUTH
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: PD ( ) Delete
Name: WALZ, DOUG
Address: 1115 NE LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870

Title: VSD ( ) Delete
Name: SAGER, BILL
Address: 1545 WEST POINSETTIA DRIVE
City-St-Zip: AVON PARK, FL 33825

Title: TD ( ) Delete
Name: HILTON, FORREST
Address: 2170 WEST BORDER ROAD
City-St-Zip: AVON PARK, FL 33825

Title: D ( ) Delete
Name: BROWN, GEORGE
Address: 2711 POMELO AVENUE N
City-St-Zip: AVON PARK, FL 33825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: DOUG WALZ PD 06/29/2005
Electronic Signature of Signing Officer or Director — Date