2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

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1. Entity Name
HIGHLANDS COUNTY COALITION FOR THE HOMELESS, INC.

Principal Place of Business	Mailing Address
501 S. COMMERCE AVENUE SEBRING, FL 33870	501 S. COMMERCE AVENUE SEBRING, FL 33870

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01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number
51-0466286
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ABLES, CLIFFORD M III
551 SOUTH COMMERCE AVENUE
SEBRING, FL 33870

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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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PHILLIPPI, PENNY
STREET ADDRESS	117 PLUMOSA AVE.
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	VPDP
NAME	REINHARDT, RUDY
STREET ADDRESS	1200 W. AVON BLVD., ROOM 109
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	SD
NAME	HALL, SUSAN
STREET ADDRESS	7205 S. GEORGE BLVD.
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	TD
NAME	MIRANDA, CARMEN
STREET ADDRESS	501 S COMMERCE AVE.
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/06-80062-016 61.25

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Penny Phillippi Penny Phillippi (President) 01/23/06 863/402-6895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #