## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000000138

FILED Apr 15, 2009 Secretary of State

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

Current P	rincipal Plac	e of Business:	New Principal P	lace of Business:	
155 US HWY 27 NORTH SUITE 109 SEBRING, FL 33870 Current Mailing Address:			1306 S. TULANE	1306 S. TULANE AVENUE AVON PARK, FL 33825  New Mailing Address:	
			New Mailing Ad		
PO BOX 7 SEBRING,	938 , FL 33872	US	1306 S. TULANE AVON PARK, FL		
FEI Number:	: 51-0466286	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired (X)	
Name and	l Address of	Current Registered Agent:	Name and Addre	ess of New Registered Agent:	
155 US HV SUITE 1 SEBRING,	DT, RICHARE WY 27 NORTI , FL 33870 U	H S	REINHARDT, RIC 1306 S. TULANE AVON PARK, FL	AVENUE 33825 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its regi	stered office or registered agent, or both,	
SIGNATURE: RICHARD REINHARDT				04/15/2009	
	Electro	nic Signature of Registered Age	ent	Date	
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CH	ANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	BARBARA, CO	27 NORTH, SUITE 2	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Name: Address:	BARBARA, CO 155 US HWY SEBRING, FL VP ( KELLY, JOHN	OOK 27 NORTH, SUITE 2 33870 ) Delete SON N BOULEVARD	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Name: Address: City-St-Zip: Title: Name: Address:	BARBARA, CO 155 US HWY SEBRING, FL VP ( KELLY, JOHN 1200 W. AVOI AVON PARK,	DOK 27 NORTH, SUITE 2 33870 ) Delete SON N BOULEVARD FL 33825 ) Delete ARRY DRIVE	Name: Address: City-St-Zip: Title: Name: Address:	, , , , , , , , , , , , , , , , , , ,	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	BARBARA, CO 155 US HWY SEBRING, FL VP ( KELLY, JOHN 1200 W. AVOI AVON PARK, SD ( SHOEMAN, L 406 TULANE I AVON PARK, TD ( VINCENT, HIL	DOK 27 NORTH, SUITE 2 33870  ) Delete SON N BOULEVARD FL 33825  ) Delete ARRY DRIVE FL 33825  ) Delete L ERCE AVENUE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RICHARD REINHARDT ED 04/15/2009