

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000138

FILED  
Mar 09, 2011  
Secretary of State

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

**Current Principal Place of Business:**

1306 S. TULANE AVENUE  
AVON PARK, FL 33825

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1359  
AVON PARK, FL 33826

**New Mailing Address:**

**FEI Number:** 51-0466286      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DAGGETT, RICHARD L JR  
272 GEORGETOWN LOOP  
WAUCHULA, FL 33873      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  
Name: BARBARA, COOK L  
Address: 4325 NASSAU DRIVE  
City-St-Zip: SEBRING, FL 33870

Title: VP  
Name: OLDHAM, ALICE  
Address: 1306 S TULANE AVE. PO BOX 1359  
City-St-Zip: AVON PARK, FL 33826

Title: SD  
Name: MCCLELLAND, TERRI  
Address: 1306 S TULANE AVE. PO BOX 1359  
City-St-Zip: AVON PARK, FL 33826

Title: TD  
Name: BYRD, BRENDA  
Address: 1306 S. TULANE AVE. PO BOX 1359  
City-St-Zip: AVON PARK, FL 33826

Title: ED  
Name: DAGGETT, RICHARD L JR  
Address: 1306 S. TULANE AVE. PO BOX 1359  
City-St-Zip: AVON PARK, FL 33826

I hereby 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 all other like empowered.

SIGNATURE: RICHARD L DAGGETT JR

ED

03/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date