

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2007 08:00 AM
Secretary of State**

DOCUMENT # N04000005812

1. Entity Name
**HIGHLANDS COUNTY COMMUNITY COALITION FOR
SUBSTANCE ABUSE REDUCTION, INC.**



Principal Place of Business
**426 SCHOOL STREET
STUDENT SERVICES
SEBRING, FL 33870**

Mailing Address
**P.O. BOX 3451
SEBRING, FL 33871**

DO NOT WRITE IN THIS SPACE



01122007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
20-3918887

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VAN HORN, LAURA DR
1601 SUNSET DR
SEBRING, FL 33870**

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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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAN HORN, LAURA 1601 SUNSET DRIVE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PATTON, KAREN 100 WEST COLLEGE DRIVE AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD MOLLENKOPF, KAY 7205 S. GEORGE BLVD SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NOEL, DAVID 1160 PERSIMMON AVENUE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/26/07-80019-003 61.25

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IN THIS SPACE**

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 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 #