2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008
Secretary of State

DOCUMENT# N05000011609

Entity Name: HIGHLANDER RIDGE FELLOWSHIP, INC.

Current Principal Place of Business:

895 COUNTRY LAKE CIRCLE
LAKE WALES, FL 33898

New Principal Place of Business:

1115 S LAKESHORE BLVD
LAKE WALES, FL 33853

Current Mailing Address:

23781 US HWY 27 #408
LAKE WALES, FL 33859

New Mailing Address:

FEI Number: 03-0574276 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, KEITH
895 COUNTRY LAKE CIRCLE
LAKE WALES, FL 33898 US

Name and Address of New Registered Agent:

THOMPSON, KEITH
1115 S LAKESHORE BOULEVARD
LAKE WALES, FL 33853 US

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: _____ 02/25/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: THOMPSON, KEITH
Address: 895 COUNTRY LAKE CIRCLE
City-St-Zip: LAKE WALES, FL 33898

Title: T ( ) Delete
Name: PIPPIN, ROBERT
Address: 5636 LAKESIDE DR
City-St-Zip: LAKE WALES, FL 33898

Title: S ( ) Delete
Name: BEAMER, B.J.
Address: 326 MARIETTA ST
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: THOMPSON, KEITH
Address: 1115 S LAKESHORE BLVD
City-St-Zip: LAKE WALES, FL 33853

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 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: KEITH THOMPSON P 02/25/2008
Electronic Signature of Signing Officer or Director — Date