2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

2009 FEB 13 A 10: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000000110

1. Entity Name

CHURCH OF THE HIGHLANDS FOUR CORNERS, INC.

Principal Place of Business	Mailing Address
705 INGRAHAM AVE SUITE 4 HAINES CITY FL 33844	P.O. BOX 2867 DAVENPORT FL 33836-2867

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E037 (10/07)

4. FEI Number 83-0444340 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~CONNER, RICHARD A~~ ~~162 RONA LANE~~ ~~DAVENPORT FL 33896~~	Name: Jesse Carbo Street Address (P.O Box Number is Not Acceptable): 747 Cana Dr. City: Davenport State: FL Zip Code: 33897

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] 1/10/09

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP ☒ Delete	TITLE	DP ☐ Change ☑ Addition
NAME	CONNER, RICHARD A MR.	NAME	JESSE CARBO
STREET ADDRESS	162 RONA LANE	STREET ADDRESS	747 CANNA DR.
CITY-ST-ZIP	DAVENPORT FL 33896	CITY-ST-ZIP	DAVENPORT, FL 33897
TITLE	DVDT ☒ Delete	TITLE	DVDT ☐ Change ☑ Addition
NAME	GOFF, CHARLES A MR	NAME	DOUG OLIVER
STREET ADDRESS	855 S. BROADWAY AVE	STREET ADDRESS	111 WINDSOR AVE
CITY-ST-ZIP	BARTOW FL 33830	CITY-ST-ZIP	HAINES CITY,
TITLE	S ☒ Delete	TITLE	Karen Brooks ☐ Change ☑ Addition
NAME	FOSTER, GLEN MR	NAME	426 Aldridge Lane
STREET ADDRESS	636 ASTER DRIVE	STREET ADDRESS	Davenport, FL 33897
CITY-ST-ZIP	DAVENPORT FL 33897	CITY-ST-ZIP	
TITLE	S ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	BURKS, MATTHEW MR	NAME	600143593626
STREET ADDRESS	33 LAKE LINK CIRCLE SE	STREET ADDRESS	02/13/09--01039--015 **297.50
CITY-ST-ZIP	WINTER HAVEN FL 33884	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

REINSTATEMENT 08-09

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] 1/10/09 863-299-2259