2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004177

FILED Mar 08, 2010 Secretary of State

Entity Name: HIGHLANDS SENIOR CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

200 LARK AVE.3400 SEBRING PARKWAYSEBRING, FL 33872SEBRING, FL 33870

Current Mailing Address: New Mailing Address:

P.O. BOX 9016 SEBRING, FL 33872

FEI Number: 57-1230276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MCQUEEN, ROBERT C.

209 CRANE ST.

SEBRING, FL 33872 US

MCQUEEN, ROBERT C

209 CRANE ST.

SEBRING, FL 33872 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: ROBERT C. MCQUEEN 03/08/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DT

Name: MCQUEEN, AHN
Address: P. O. BOX 3617
City-St-Zip: SEBRING, FL 33871

Title: DF

Name: MCQUEEN, ROBERT C.
Address: P. O. BOX 3617
City-St-Zip: SEBRING, FL 33871

Title: DV

Name: DEGRAZIA, TOMMY Address: 1653 PRIMROSE LANE City-St-Zip: SEBRING, FL 33872

Title: DS

Name: PETERS, MILLIE
Address: 9111 MORGAN PATH
City-St-Zip: SEBRING, FL 33875

Title:

Name: MARKOS, TED
Address: 1105 FOREST RD.
City-St-Zip: SEBRING, FL 33872

Title: [

Name: HAINS, JAMES

Address: 3651 US 27 SOUTH, LOT 35 City-St-Zip: SEBRING, FL 33870

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: ROBERT C. MCQUEEN PRES 03/08/2010