

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004177

FILED
Jan 17, 2011
Secretary of State

Entity Name: HIGHLANDS SENIOR CENTER, INC.

Current Principal Place of Business:

3400 SEBRING PARKWAY
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9016
SEBRING, FL 33872

New Mailing Address:

FEI Number: 57-1230276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCQUEEN, ROBERT C
209 CRANE ST.
SEBRING, FL 33872 US

Name and Address of New Registered Agent:

MCQUEEN, ROBERT C III
209 CRANE ST.
SEBRING, FL 33870 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 III

01/17/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT
Name: MCQUEEN, AHN L
Address: P. O. BOX 7907
City-St-Zip: SEBRING, FL 33872

Title: DP
Name: MCQUEEN, ROBERT C III
Address: P. O. BOX 7907
City-St-Zip: SEBRING, FL 33872

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

Title: D
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 III

PRES

01/17/2011

Electronic Signature of Signing Officer or Director

Date