

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004177

FILED  
Feb 16, 2012  
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 III  
209 CRANE ST.  
SEBRING, FL 33870 US

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

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: \_\_\_\_\_

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: HAINS, JAMES  
Address: 3651 US27 SOUTH LOT #35  
City-St-Zip: SEBRING, FL 33870

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: TOMMY, DIGRAZIA  
Address: 1653 PREMROSE LANE  
City-St-Zip: SEBRING, FL 33872

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

02/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date