

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006292

FILED
Mar 19, 2009
Secretary of State

Entity Name: THE WAY OF HIGHLANDS COUNTY INC.

Current Principal Place of Business:

1005 N. RIDGEWOOD DR
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

1005 N. RIDGEWOOD DR
SEBRING, FL 33870

New Mailing Address:

FEI Number: 75-3217068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUXBAUM, REINHOLD F
1005 N. RIDGEWOOD DR
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: P () Delete
Name: BUXBAUM, REINHOLD F
Address: 1714 QUEEN AVENUE
City-St-Zip: SEBRING, FL 338758004

Title: V () Delete
Name: DEWALD, GEORGE
Address: 502 LAKE JUNE ROAD
City-St-Zip: LAKE PLACID, FL 33852

Title: S () Delete
Name: WHITNEY, JAMES
Address: 1802 PASADENA AVE
City-St-Zip: SEBRING, FL 33870

Title: T () Delete
Name: DEWALD, MILDRED A
Address: 502 LAKE JUNE ROAD
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MILDRED A. DEWALD

T

03/19/2009

Electronic Signature of Signing Officer or Director

Date