

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012221

FILED  
Apr 26, 2007  
Secretary of State

**Entity Name:** HIGHLANDS COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

3005 NEW LIFE WAY  
SEBRING, FL 33872

**New Principal Place of Business:**

**Current Mailing Address:**

3005 NEW LIFE WAY  
SEBRING, FL 33872

**New Mailing Address:**

**FEI Number:** 59-3428969

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LINHART, BRUCE A  
1723 HOMESTEAD STREET  
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: DPC ( ) Delete  
Name: LINHART, BRUCE A  
Address: 1723 HOMESTEAD STREET  
City-St-Zip: SEBRING, FL 33870

Title: DVC ( ) Delete  
Name: ORPURT, WAYNE  
Address: 8121 COZUMEL  
City-St-Zip: SEBRING, FL 33870

Title: DS ( ) Delete  
Name: STATLER, GENE  
Address: 138 LONGWOOD ROAD  
City-St-Zip: SEBRING, FL 33870

Title: DT ( ) Delete  
Name: SPRINGSTEEN, DAVID  
Address: 5916 THUNDER ROAD  
City-St-Zip: SEBRING, FL 33876

Title: D ( ) Delete  
Name: NOAKER, WAYNE  
Address: 414 E. ELM STREET  
City-St-Zip: AVON PARK, FL 33825

**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: DT (X) Change ( ) Addition  
Name: SIRRINE, JULIE  
Address: 2127 PASCO DRIVE  
City-St-Zip: SEBRING, FL 33870

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: BRUCE A LINHART

MR.

04/26/2007

Electronic Signature of Signing Officer or Director

Date