

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.

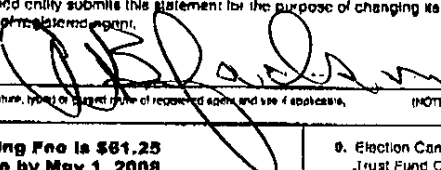
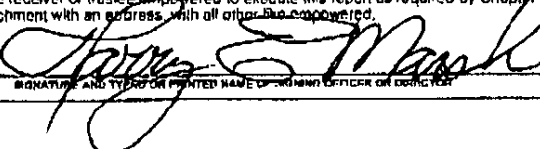
FILED

09 MAY 11 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66015167

REINSTATEMENT 08-09

DOCUMENT # N07000000735			
1. Entity Name VETERANS COUNCIL OF HIGHLANDS COUNTY, INC.			
Principal Place of Business 1550 FARM ROAD SEBRING, FL 33876		Mailing Address 1550 FARM ROAD SEBRING, FL 33876	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-8311210		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, ANDREW B ESQ 150 NORTH COMMERCE AVENUE SEBRING, FL 33870-3201		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
8. 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. I am familiar with, and accept the obligations of the registered agent.			
SIGNATURE 		DATE 3-16-09	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WADDELL, ELIZABETH L 4530 SEBRING AVENUE SEBRING, FL 33876 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 100137781461 11/10/08--01027--015 **70.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPO MARSH, HARRY E 1550 FARM ROAD SEBRING, FL 33876 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 100137781461 03/20/09--01040--007 **175.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MIX, JOAN R 750 DUANE PALMER BOULEVARD SEBRING, FL 33876 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition Interim Treas: Marsh, Harry E. 1550 Farm Rd., Sebring, FL 33876
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 100137781461 05/11/09--01047--028 **61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information.			
SIGNATURE: 		June 1, 2008	

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