


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90148 038 \*\*\*\*61.25

<b>DOCUMENT # N09467</b>	
1. Entity Name <b>PEACE OF HIGHLANDS COUNTY, INC.</b>	

Principal Place of Business <b>700 SOUTH PINE STREET SEBRING FL 33872 US</b>	Mailing Address <b>700 SOUTH PINE STREET SEBRING FL 33872 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E037 (10/05)

4. FEI Number **59-2552711** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CLAGETT, TAYLOR J JR  
1617 NE LAKEVIEW DRIVE  
SEBRING FL 33870**

*336 matlo Ave.*

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 registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>S</b>	NAME <b>TRAVIS, DORI</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>3001 W. VERONA ROAD</b>	CITY-STATE-ZIP <b>AVON PARK FL 33825</b>	
TITLE <b>BY</b>	NAME <b>SAFFOLD, ROBERT</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>612 HYACINTH AVE</b>	CITY-STATE-ZIP <b>SEBRING FL 33870</b>	
TITLE <b>PD</b>	NAME <b>ADAMS, MARY</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>252 BRENTWOOD DR</b>	CITY-STATE-ZIP <b>LAKE PLACID FL 33852</b>	
TITLE <b>T</b>	NAME <b>MCQUOWA, DUANE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>3606 MAINE AVE</b>	CITY-STATE-ZIP <b>SEBRING FL 33872</b>	
TITLE <b>D</b>	NAME <b>FERRELL, PAUL</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>216 ADBIN AVE</b>	CITY-STATE-ZIP <b>SEBRING FL 33872</b>	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>Director</b>			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<b>Vice President</b>			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>Secretary / Treasurer</b>			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<b>Joan Morrone</b>	<b>3908 DUNA AVE.</b>	<b>SEBRING FL 33875</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE: *Mary R. Adams* **MARY R. ADAMS** *4/15/06 863-465-1587*