

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90113 037 \*\*\*\*70.00

**DOCUMENT # N09467**

1. Entity Name

PEACE OF HIGHLANDS COUNTY, INC.



Principal Place of Business

700 SOUTH PINE STREET  
SEBRING FL 33872  
US

Mailing Address

700 SOUTH PINE STREET  
SEBRING FL 33872  
US



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

59-2552711

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

FERRELL, PAUL K  
216 ROBIN AVE.  
SEBRING FL 33872

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25**

**Due By: May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME SAFFOLD, ROBERT ☐ Delete  
STREET ADDRESS 612 HYACINTH AVE  
CITY- ST- ZIP SEBRING FL 33870

TITLE PD  
NAME ADAMS, MARY ☐ Delete  
STREET ADDRESS 252 BRENTWOOD DR  
CITY- ST- ZIP LAKE PLACID FL 33852

TITLE VP  
NAME FERRELL, PAUL ☐ Delete  
STREET ADDRESS 216 ROBIN AVE  
CITY- ST- ZIP SEBRING FL 33872

TITLE T  
NAME ADAMS, HERBERT R ☐ Delete  
STREET ADDRESS 252 BRNTWOOD DR. N.  
CITY- ST- ZIP LAKE PLACID FL 33852

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE VP  
NAME FERRELL, PAUL ☐ Change ☐ Addition  
STREET ADDRESS 216 ROBIN AVE. (correction)  
CITY- ST- ZIP SEBRING, FL 33872

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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, President

4/08/08

(863)

465-1587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Print the Filing Fee