


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90293 046 ****61.25

| | |
|---|---|
| DOCUMENT # N09467 |  |
| 1. Entity Name PEACE OF HIGHLANDS COUNTY, INC. | |

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| Principal Place of Business 700 SOUTH PINE STREET SEBRING FL 33872 US | Mailing Address 700 SOUTH PINE STREET SEBRING FL 33872 US |
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|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|-------------------------|-------------------------|
| City & State | City & State |
| Zip | Country |

| | |
|--|--|
| 4. FEI Number 59-2552711 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|--|
| 6. Name and Address of Current Registered Agent | |
| CLAGETT, TAYLOR J JR 1617 NE LAKEVIEW DRIVE SEBRING FL 33870 | |

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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | 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.

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|------------------|--|---|-------------|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
|------------------|--|---|-------------|

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|---------------------------------|--|------------------------------------|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|---------------------------------|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete VD TAYLOR, J. CLAGETT, JR. 1617 NE LAKEVIEW DR. SEBRING FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete PD MARINE, JAMES 309 LOON AVE SEBRING FL 33872 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete SD DAVIDSON, MARY PO BOX 854 LORIDA FL 33857 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete TD FENNELL, NANCY 52 FENNY BOSK TRAIL VENUS FL 33960 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> VICE PRESIDENT EUGENE FERNISLER 129 SPARROW AVE. SEBRING, FL 33872 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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| SIGNATURE: <i>Nancy Fennell</i> | 01/11/03 | 863-699-1276 |
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CR2E037 (10/02)