2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (*A R*)

FILED
Mar 12, 2007 8:00 am
Secretary of State
02-16-2007 90039 007 ****70.00

DOCUMENT # N40258

1. Entity Name

THE PALMS FOUNDATION OF SEBRING, INC.

66004654

1st MOORE CR2E037 (10/06)

Principal Place of Business	Mailing Address
211 MAGNOLIA AVE SEBRING FL 33870 US	211 MAGNOLIA AVE SEBRING FL 33870 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 59-3032441 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BREED, E. MARK III 325 N. COMMERCE AVE. SEBRING FL 33870	Name ~~Darrell Peer~~ Street Address (P.O. Box Number is Not Acceptable) ~~4725 Leucadendra Dr~~ City ~~Sebring, FL 33872~~ **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 making change) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2007	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	P JOHNSON, HARRY 118 MURRAY COURT NW LAKE PLACID FL 33852	☐ Delete	Darrel Peer 4725 Leucadendra Dr. Sebring, FL 33872	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TV FOSTER, SANDY L 234 SWALLOW AVE SEBRING FL 33872	☐ Delete	Everett Lilyquist 3919 Sparta Road Sebring, FL 33675	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TS SWIHART, RAY 4313 FLETCHER DR SEBRING FL 33870	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TT FIKE, JOHN 245 OAK AVE., #706 SEBRING FL 33870	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T SMITH, WENDEL PO BOX 936 LORIDA FL 33857	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T LIVINGSTON, ROBERT 445 S COMMERCE AVENUE SEBRING FL 33870	☐ Delete		☐ Change ☐ Addition

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: John T. Fike Treasurer JOHN T. FIKE FEB. 9. 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #