2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004
Secretary of State

DOCUMENT# N43865

Entity Name: THE CONVENTION AND VISITOR BUREAU OF HIGHLANDS COUNTY, INC.

Current Principal Place of Business:

309 SOUTH CIR
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2001
SEBRING, FL 338712001

New Mailing Address:

FEI Number: 59-3094652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCLURE, JOHN K
230 S. COMMERCE AVE.
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NELL, FREWIN HAYS
Address: 505 LAKE BLUE DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: TD ( ) Delete
Name: GREENSLADE, DAVID
Address: 28 EAST MAIN STREET
City-St-Zip: AVON PARK, FL 33825

Title: DM ( ) Delete
Name: FISH, ALLON
Address: 309 SOUTH CIRCLE
City-St-Zip: SEBRING, FL 33870

Title: SD ( ) Delete
Name: KECK, JANET
Address: 413 NE LANEVIEW DR.
City-St-Zip: SEBRING, FL 33870

Title: DV (X) Delete
Name: EILEEN, MAY
Address: 18 N. OAK ST.
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HAYS, NELL FREWIN
Address: 505 LAKE BLUE DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: TD (X) Change ( ) Addition
Name: DAVID, GREENSLADE
Address: 28 EAST MAIN STREET
City-St-Zip: AVON PARK, FL 33825

Title: DM (X) Change ( ) Addition
Name: ALLON, FISH
Address: 309 SOUTH CIRCLE
City-St-Zip: SEBRING, FL 33870

Title: DV (X) Change ( ) Addition
Name: MAY, EILEEN
Address: 18 NORTH OAK STREET
City-St-Zip: LAKE PLACID, FL 33852

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLON FISH OD 07/20/2004

Electronic Signature of Signing Officer or Director — Date