FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 19 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N51134** **(7)**

1. Corporation Name

PAINT YOUR HEART OUT, HIGHLANDS COUNTY, INC.

Principal Place of Business	Mailing Address
% BARNETT BANK OF HIGHLANDS COUNTY 231 S. RIDGEWOOD DRIVE SEBRING FL 33870	% BARNETT BANK OF HIGHLANDS COUNTY 231 S. RIDGEWOOD DRIVE SEBRING FL 33870

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1992
3a. Date of Last Report: 04/20/1994
4. FEI Number: 65-0370706 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MCCLURE, JOHN K.
SWAINE AND HARRIS
~~212 INTERLAKE BLVD.~~ 425 S. Commerce Ave
~~LAKE PLACID FL 33852~~ Sebring, FL 33871

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D Treasurer	11 TITLE		☑ Change ☐ Addition
NAME	TRENTHAM, MARTHA R.	12 NAME		
STREET ADDRESS	~~6825 NEDA STREET~~ 2802 Duffer Rd.	13 STREET ADDRESS	2802 Duffer Rd.	
CITY-ST-ZIP	SEBRING FL	14 CITY-ST-ZIP		
TITLE	TD	21 TITLE	Director	☑ Change ☐
NAME	HUNTSBERGER, STEPHEN C.	22 NAME	David Greenslade	
STREET ADDRESS	3901 MONZA DRIVE	23 STREET ADDRESS	1078 W. Village Green Dr.	
CITY-ST-ZIP	SEBRING FL	24 CITY-ST-ZIP	Avon Park, FL 33825	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	CROWDER, CRAIG	32 NAME		
STREET ADDRESS	1704 HOMESTEAD STREET	33 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE		☑ Change ☐ Addition
NAME	RICHARDSON, JIM	42 NAME		
STREET ADDRESS	1452 S. AVON ESTATE BLVD.	43 STREET ADDRESS	4016 Myrtle St.	
CITY-ST-ZIP	AVON PARK FL	44 CITY-ST-ZIP	Sebring, FL 33870	
TITLE	SD	51 TITLE	SD	☑ Change ☐ Addition
NAME	SHOFFIELD, DOTTIE	52 NAME	Kathy Padgett	
STREET ADDRESS	1607 N. FLORIDA AVENUE	53 STREET ADDRESS	2352 Croydon Rd	
CITY-ST-ZIP	AVON PARK FL	54 CITY-ST-ZIP	Sebring, FL 33870	
TITLE	VPD	61 TITLE		☐ Change ☐ Addition
NAME	STEEDLEY, HAZEL J.	62 NAME		
STREET ADDRESS	223 JAY AVENUE	63 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Martha R. Trentham 4/14/95 813-382-4558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Martha R. Trentham

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