

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date incorporated or Qualified
10/05/1992

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCLURE, JOHN K.
425 S. COMMERCE AVE.
SEBRING FL 33871**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	TRENTAM, MARTHA R.	
STREET ADDRESS	2802 DUFFER RD	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREENSLADE, DAVID	
STREET ADDRESS	1098 W. VILLAGE GREEN DR.	
CITY-ST-ZIP	AVON PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CROWDER, CRAIG	
STREET ADDRESS	1704 HOMESTEAD STREET	
CITY-ST-ZIP	SEBRING FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, JIM	
STREET ADDRESS	4016 MYRTLE ST	
CITY-ST-ZIP	SEBRING FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PADGETT, KATHY	
STREET ADDRESS	2332 CROYDON RD	
CITY-ST-ZIP	SEBRING FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	STEEDLEY, HAZEL J.	
STREET ADDRESS	223 JAY AVENUE	
CITY-ST-ZIP	SEBRING FL	

11 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DIANE THOMPSON	
13 STREET ADDRESS	SEBRING FL 33870	
14 CITY-ST-ZIP	231 SOUTH RIDGEWOOD DRIVE	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	LAURA RAMIREZ	
23 STREET ADDRESS	231 SOUTH RIDGEWOOD DRIVE	
24 CITY-ST-ZIP	SEBRING, FL 33870	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathy Padgett
KATHY PADGETT

Date

Daytime Phone #

941-382-7313

CR2E037 (12/95)