

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

**FILED**  
**Sep 04, 2003 8:00 am**  
**Secretary of State**

09-04-2003 90059 011 \*\*\*\*70.00

**DOCUMENT # N93000005160**

1. Entity Name

**ADOPT-A-FAMILY OF HIGHLANDS COUNTY, INC.**



Principal Place of Business

**1818 BEACH DR  
SEBRING FL 33870**

Mailing Address

**1818 BEACH DR  
SEBRING FL 33870**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0451774**

☒ 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

**WHITEHOUSE, J. WENDELL  
445 S. COMMERCE AVE.  
SEBRING FL 33870**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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	<b>DPVS</b>	<input type="checkbox"/> Delete
NAME	<b>WOODRUFF, KATHY A</b>	
STREET ADDRESS	<b>1818 BEACH DRIVE</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE	<b>CM</b>	<input type="checkbox"/> Delete
NAME	<b>WOODRUFF, KATHY</b>	
STREET ADDRESS	<b>1818 BEACH DRIVE</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WOODRUFF, KATHY</b>	
STREET ADDRESS	<b>1818 BEACH DR</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WOODRUFF, FRANK</b>	
STREET ADDRESS	<b>885 S. ARLENE AVENUE</b>	
CITY-ST-ZIP	<b>AVON PARK FL 33825</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

*Kathy A Woodruff* 8-29-03 863-471-9006

CR2E037 (10/02)