## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

N95000004030 (1)

**FILED** Aug 07 1997 8:00am Secretary of State

HIGH S CA, INC	CHOOL TRACK/CROSS CO	UNTRY COACHES OF	AMERI		
Principal Plac	e of Business	Mailing Address			• MIST 40 III 40 III 01 01 01 01 00 01 01 01 01 01 01 01 01
901 SWEETBRIAR RD. 901 SWEETBRIAR RD. ORLANDO FL 32806 ORLANDO FL 32806				E IN THIS SPACE	
				3. Date incorporated or Qualified 08/16/1995	3a. Date of Last Report 05/01/1996
	lace of Business L Ockerest Drive	26 5031 Cake	ver on	4. FEI Number APPLIED FOR 54-	1830703 Applied For Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 FC.47		City & State	A	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 220	Country	Zip 29 240 30 3	Country	This corporation owes or has p     Personal Property Tax due Jun	
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New R	egistered Agent
STANLEY, J. ALFRED JR.				Stayles J. Alfre	
ONE INDEPENDENT DR. STE. 2501			82 Street A	Address (P.O. Box Number is Not Accepte Scuth Lake Con	
JACKSONVILLE FL 32202			84 City		85 Zip Code
ļ <u>-</u>				vlaudo_	FL   85   Zip Code   3 2 801
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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 agen				DATE
12.	OFFICERS AND		Registered Agent signature	ADDITIONS/CHANGES TO OFFI	
TITLE	D	DELETE	1.1 TITLE	Ever shine   Dave to	Change X Addition
NAME	NEWTON, JOE	<b>A</b>	1.2 NAME	James W. Sentas 5031 Ockerest Dr	
STREET ADDRESS	1560 ABERDEEN CT.		1.3 STREET ADDRESS	East Oaktrest Dr	į į
CITY-ST-ZIP	NAPERVILLE FL 60564		1.4 CITY-ST-ZiP	Farvery, WA 22030	ال
TITLE	D	DELETE	2.1 TITLE	-1 000	Change Addition
NAME	SOMERLOT, RITA		2.2 NAME		
STREET ADDRESS	911 WINDOM SQUARE		2.3 STREET ADDRESS		
	CENTERVILLE OH 45458				
CITY-ST-ZIP TITLE	D D THE THE DESTRUCTION OF THE D	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	HARRIS, CHARLIE		3.2 NAME		
STREET ADDRESS	904 SCOTT AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		Change Addition
NAME	HOLDREN, JAMES		4. 2 NAME		
STREET ADDRESS	1541 WESHIRE LN.		4.3 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA 23233		4.4 CITY-ST-ZIP		
TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME	FINKE, FRED		5.2 NAME		
STREET ADDRESS	5516 ELIZABETH ROSE SQUAI	RE	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32810		5.4 CITY-ST-ZIP		
TITLE	D	<b>▼</b> DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HEMMER, JOHN C	.—	6.2 NAME		
STREET ADDRESS	901 SWEETBRIAR RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		6.4 CITY-ST-ZIP		

14. I do 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 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.