

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90258 010 ****70.00

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1. Entity Name
HIGHLANDS COUNTY EDUCATION FOUNDATION, INC.



Principal Place of Business

**426 SCHOOL STREET
SEBRING, FL 33870**

Mailing Address

**426 SCHOOL STREET
SEBRING, FL 33870**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3497604

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCCLURE, JOHN K P.A.
230 S. COMMERCE AVENUE
SEBRING, FL 33870**

**DO NOT WRITE
IN THIS SPACE**

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

John K. McClure
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AVERYT, MICHAEL
STREET ADDRESS	426 SCHOOL STREET
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	TSD
NAME	FARMER, RICHARD R
STREET ADDRESS	6110 LAKE FRONT DRIVE
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	PD
NAME	JARRETT, BILL
STREET ADDRESS	1304 US 27 NORTH
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	VD
NAME	HANSEN, PAMELA
STREET ADDRESS	600 WEST COLLEGE DRIVE
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	VD
NAME	REYNOLDS, CHARLES
STREET ADDRESS	80 BEAR POINT LANE
CITY-ST-ZIP	LAKE PLACID, FL 33852

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Michael Averyt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-06 863-471-5626