

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90205 036 \*\*\*\*70.00

**DOCUMENT # N98000001594**

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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082007 Chg-NP CR2E037 (12/06)

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**

## 7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

TITLE **D** ☐ Delete  
NAME **AVERYT, MICHAEL**  
STREET ADDRESS **426 SCHOOL STREET**  
CITY-ST-ZIP **SEBRING, FL 33870**

TITLE **TSD** ☐ Delete  
NAME **FARMER, RICHARD R**  
STREET ADDRESS **6110 LAKE FRONT DRIVE**  
CITY-ST-ZIP **SEBRING, FL 33870**

TITLE **PD** ☒ Delete  
NAME **JARRETT, BILL**  
STREET ADDRESS **1304 US 27 NORTH**  
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE **VD** ☐ Delete  
NAME **HANSEN, PAMELA**  
STREET ADDRESS **600 WEST COLLEGE DRIVE**  
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE **VD** ☐ Delete  
NAME **REYNOLDS, CHARLES**  
STREET ADDRESS **80 BEAR POINT LANE**  
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Janice Walker**  
STREET ADDRESS **5484 County Road 64 East.**  
CITY-ST-ZIP **Avon Park, FL 33825**

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*

**Michael Averyt**

**863/471-5626**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #