2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2008 8:00 am Secretary of State

ANNUAL REPORT								Secretary of State					
DOCUMENT # N9800001594 1. Entity Name HIGHLANDS COUNTY EDUCATION FOUNDATION, INC.					01-14-2008 90112 036 ****70.0								
Principal Place of Business 426 SCHOOL STREET SEBRING, FL 33870		426 9	Mailing Address 426 SCHOOL STREET SEBRING, FL 33870				- - 1	NI ININ' ARIAL AGAIL AG	EINI de ini dei ni ind	II BING (BII: 4)1	MIN EL JOR		
2. Principal P	flace of Business - No P.O. Box #	3. Maili	ng Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					01072008	Chg-NP	CR2E03	7 (12/06)			
City & Stat	e	City & State				· · · · · -	4. FEI Number 59-34976	604			plied For		
Zip	Zip Country		Zip		ountry 5.		5. Certificate of	Status Desired		8.75 Add	litional		
	6 Name and Address of Current	Pagistere	d Agent			-	7 Name and Ac	Idross of New					
6. Name and Address of Current Registered Agent MCCLURE, JOHN K P.A.					Name		7. Name and Address of New Registered Agent						
230 S. COMMERCE AVENUE SEBRING, FL 33870				Street A	et Address (P.O. Box Number is Not Acceptable)								
					City				FL	Zip Cod	е		
9 The above	named entity submits this statement for	r the purp	oso of changing its	rogistor	nd office o	r ragistor	rod agent or both	in the State of E		miline with	and account		
	ions of registered agent.	л те рагра	ose of changing its	egister	ea onice o	register	red ageni, or boin,	in the State Of F	ionga. Fami	arimizar winii,	ана ассері		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if appr	icable. (NOTE	: Registere	d Agent signat	ure required	d when reinstating)		DATE		- -		
, , , , , , , , , , , , , , , , , , , ,			9. Election Cam Trust Fund C	mpaign Financing Contribution.			\$5.00 May Be Added to Fees	1	Make check orida Depart	ment of S	tate		
-10		DEGEORG		1 44			ADDITIONS (OLIAN)	OED TO OFFIC		• 17 7			
10.	OFFICERS AND DI	RECTORS		11.		· ·	ADDITIONS/CHAN	GES TO OFFIC	ERS AND DIF				
TITLE NAME	D AVERYT, MICHAEL		☐ Delete	TITLE NAME						☐ Change	Addition		
STREET ADDRESS	· ·				ET ADDRESS						•		
CITY-ST-ZIP					-ST-ZIP						-		
TITLE	TSD		☐ Delete	TITL	E	-	1 41 44 44 44 44 44 44 44 44 44 44 44 44			☐ Change	Addition		
NAME	FARMER, RICHARD R			NAM	E 3						_		
STREET ADDRESS	6110 LAKE FRONT DRIVE				ET ADDRESS								
CITY-ST-ZIP	SEBRING, FL 33870			CITY	-ST-ZIP								
TITLE	.PD		Delete	TITE						□ Change	Addition		
NAME	JARRETT, BILL			NAM									
STREET ADDRESS CITY-ST-ZIP	1304 US 27 NORTH AVON PARK, FL 33825				ET ADDRESS - ST-ZIP						•		
TITLE	VD		☐ Delete	TITL						☐ Change	☐ Addition		
NAME	HANSEN, PAMELA		□ Delete	NAM						Change	∐ ∧udition		
STREET ADDRESS	600 WEST COLLEGE DRIVE				ET ADDRESS						• • •		
CITY-ST-ZIP	AVON PARK, FL 33825			CITY	-ST-ZIP								
TITLE	VD		☐ Delete	TITL	E	PD				Change	Addition		
NAME	REYNOLDS, CHARLES			NAM					-		4		
STREET ADDRESS	80 BEAR POINT LANE				EET ADDRESS								
CITY-ST-ZIP	LAKE PLACID, FL 33852				-ST-ZIP	111					V-77		
TITLE	1		☐ Delete	TITL	E	VD				Change	XX Addition		

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.

STREET ADDRESS

CITY-ST-ZIP

Janice Walker

5484 County Road 64 East Avon Park, FL 33825

863/471-5626

SIGNATURE	Medil den	Michael		January	11,	200
·	SIGNATURE AND TYPED OF PRINTE	Dale				

NAME

STREET ADDRESS

CITY-ST-ZIP