2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N98000001594

Entity Name: HIGHLANDS COUNTY EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

426 SCHOOL STREET
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

426 SCHOOL STREET
SEBRING, FL 33870

New Mailing Address:

FEI Number: 59-3497604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MCCLURE, JOHN K P.A.
211 SOUTH RIDGEWOOD DRIVE
SEBRING, FL 33870 US

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.

SIGNATURE: _____ 01/07/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: AVERYT, MICHAEL
Address: 426 SCHOOL STREET
City-St-Zip: SEBRING, FL 33870

Title: TSD ( ) Delete
Name: FARMER, RICHARD R
Address: 6110 LAKE FRONT DRIVE
City-St-Zip: SEBRING, FL 33870

Title: VD ( ) Delete
Name: HANSEN, PAMELA
Address: 600 WEST COLLEGE DRIVE
City-St-Zip: AVON PARK, FL 33825

Title: PD ( ) Delete
Name: REYNOLDS, CHARLES
Address: 80 BEAR POINT LANE
City-St-Zip: LAKE PLACID, FL 33852

Title: VD ( ) Delete
Name: WALKER, JANICE
Address: 5484 CR 64 E
City-St-Zip: AVON PARK, FL 33825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: HANSEN, PAMELA
Address: 600 WEST COLLEGE DRIVE
City-St-Zip: AVON PARK, FL 33825

Title: VD (X) Change ( ) Addition
Name: WALKER, JANICE
Address: 5484 CR 64 E
City-St-Zip: AVON PARK, FL 33825

Title: VD (X) Change ( ) Addition
Name: BROJEK, CHET
Address: 3310 PAR ROAD
City-St-Zip: SEBRING, FL 33872

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL AVERYT D 01/07/2009
Electronic Signature of Signing Officer or Director — Date