

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000079708

**Entity Name:** CHRIST ACADEMY OF HIGHLANDS COUNTY, LLC

**Current Principal Place of Business:**

503 S O MUL LA OEE DRIVE  
SEBRING, FL 33870

**Current Mailing Address:**

503 S O MUL LA OEE DRIVE  
SEBRING, FL 33870 US

**FEI Number: 45-5507106**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SWAINE, ROBERT S  
425 SOUTH COMMERCE AVENUE  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GOTSCH, BECKY  
Address 9680 PAYNE RD.  
City-State-Zip: SEBRING FL 33875

Title MGRM  
Name CANNON, LUCY  
Address 401 ENTRADA AVE.  
City-State-Zip: SEBRING FL 33875

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BECKY GOTSCH**

**CO-OWNER**

**02/27/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date