



FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90013 010 ****70.00

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 740651						
1. Entity Name SEBRING HOUSING RESEARCH & DEVELOPMENT, INC						
Principal Place of Business 1800 TANGERINE AVE. SEBRING, FL 33870		Mailing Address P. O. BOX 431 SEBRING, FL 33870		40101391 		
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	04022008	Chg-NP	CR2E037 (12/08)
4. FEI Number 59-1788846				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent STRINGER, ANDREW 219 ATTERBERRY DRIVE 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 _____ DATE _____ <small>Signature, Name or printed name of registered agent and his or her address. (NOTE: Registered Agent signature retained when "retroactive")</small>						
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
State check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STRINGER, ANDREW		NAME			
STREET ADDRESS	219 ATTERBURY DRIVE		STREET ADDRESS			
CITY, ST, ZIP	SEBRING, FL 33870		CITY, ST, ZIP			
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CARTER, JOSEPH		NAME	LYNN MCCRAY		
STREET ADDRESS	4528 HIGH STREET		STREET ADDRESS	4255 STURGEONE DRIVE		
CITY, ST, ZIP	SEBRING, FL 33870		CITY, ST, ZIP	SEBRING, FLORIDA 33870		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	PEART, PAMELA		NAME	VIVIAN JOHNSON		
STREET ADDRESS	4530 HIGH ST		STREET ADDRESS	554 VALINCIA STREET		
CITY, ST, ZIP	SEBRING, FL 33870		CITY, ST, ZIP	SEBRING, FLORIDA 33870		
TITLE	VT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	KNIGHT, THEODOLY		NAME	BARBARA WALKER		
STREET ADDRESS	1315 GARWOOD AVE		STREET ADDRESS	920 BOOKER AVE.		
CITY, ST, ZIP	SEBRING, FL 33870		CITY, ST, ZIP	SEBRING, FLORIDA 33870		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			NAME	EDNA LATTY		
STREET ADDRESS			STREET ADDRESS	1875 MARTIN LUTHER KING TERRACE		
CITY, ST, ZIP			CITY, ST, ZIP	SEBRING, FLORIDA 33870		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY, ST, ZIP			CITY, ST, ZIP			
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: <i>Andrew Stringer</i>		ANDREW STRINGER		4/23/08 (352) 787-2700		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small>						