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DIVISION OF CORPORATIONS
95 MAR -9 AM 9:25

CORPORATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Monahan
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 763282 (1)
 1. Corporation Name
SEBRING BRIDGE CLUB, INC.

Principal Place of Business Mailing Address
347 FERNLEAF AVE **347 FERNLEAF AVE**
SEBRING FL 33870-3610 **SEBRING FL 33870-3610**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
05/14/1982 **02/08/1994**

4. FEI Number Applied For / Not Applicable
58-2188159 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
SHOEMAKER, JANICE
735 SE LAKEVIEW DRIVE
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE D
 NAME WAUGH, CAROLYN
 STREET ADDRESS 3238 WYNSTONE CT.
 CITY-ST-ZIP SEBRING FL

TITLE VD
 NAME HARPER, ELIZABETH
 STREET ADDRESS 4308 MEDINA WAY
 CITY-ST-ZIP SEBRING, FL 00000

TITLE PDM
 NAME HORNE, MRS. SIDNEY (HILMER)
 STREET ADDRESS 308 LAKE SEBRING DR
 CITY-ST-ZIP SEBRING, FL 00000

TITLE D
 NAME KOSOVE, RUTH
 STREET ADDRESS 414 13TH AVE
 CITY-ST-ZIP SEBRING, FL 00000

TITLE SD
 NAME HUNTER, ARLINE
 STREET ADDRESS 2709 IMPERIAL LANE
 CITY-ST-ZIP SEBRING FL

TITLE TD
 NAME SHOEMAKER, JANICE
 STREET ADDRESS 735 SE LAKEVIEW DR
 CITY-ST-ZIP SEBRING, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME D
 Rood, William

5.3 STREET ADDRESS 614 Spring Lake Blvd

5.4 CITY-ST-ZIP Sebring, FL 33870

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 resolver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hilmer W Horne 2-1-95 335-7829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (MAYBE FEE) \$
335-8118