

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 SEBRING FL 33870-3610**

3. Date Incorporated or Qualified **05/14/1982** 3a. Date of Last Report **03/09/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>58-2188159</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>S.D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WAUGH, CAROLYN</b>	1.2 NAME	
STREET ADDRESS	<b>3238 WYNSTONE CT.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARPER, ELIZABETH</b>	2.2 NAME	
STREET ADDRESS	<b>4308 MEDINA WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PDM</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HORNE, MRS. SIDNEY (HILMER)</b>	3.2 NAME	
STREET ADDRESS	<b>306 LAKE SEBRING DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOSOVE, RUTH</b>	4.2 NAME	<b>MARGARET ASBURY</b>
STREET ADDRESS	<b>414 13TH AVE</b>	4.3 STREET ADDRESS	<b>319 OAK KNOLL CIRCLE</b>
CITY-ST-ZIP	<b>SEBRING, FL 00000</b>	4.4 CITY-ST-ZIP	<b>SEBRING, FL 33870</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROOD, WILLIAM</b>	5.2 NAME	<b>T.D</b>
STREET ADDRESS	<b>617 SPRING LAKE BLVD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHOEMAKER, JANICE</b>	6.2 NAME	<b>Tom Rebec</b>
STREET ADDRESS	<b>735 SE LAKEVIEW DR</b>	6.3 STREET ADDRESS	<b>3214 WYNSTONE COURT</b>
CITY-ST-ZIP	<b>SEBRING, FL 00000</b>	6.4 CITY-ST-ZIP	<b>SEBRING, FL</b>

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 119.07(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 receiver 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Hilmer W. Horne**

1-26-96 941-385-7827  
Date Daytime Phone #

941-385-5112

CR2E037 (12/95)