


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

**FILED**

**Feb 12 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthang</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 763282 (1)**

1. Corporation Name  
**SEBRING BRIDGE CLUB, INC.**



Principal Place of Business <b>347 FERNLEAF AVE SEBRING FL 33870-3610</b>	Mailing Address <b>347 FERNLEAF AVE SEBRING FL 33870-3610</b>
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3. Date Incorporated or Qualified  
**05/14/1982**

4. FEI Number  
**58-2188159**

Applied For  
 Yes  Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

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

B1 Name **WILLIAM E. ROOD**

B2 Street Address (P.O. Box Number is Not Acceptable)  
**617 SPRING LAKE BLVD.**

B3

B4 City **SEBRING** FL B5 Zip Code **33870**

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 **William E. Rood (William Rood)** DATE **JANUARY 20, 1998**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WAUGH, CAROLYN SECRETARY</b>	1.2 NAME	<b>PATRICIA SICKENGER VICEPRESIDENT</b>
STREET ADDRESS	<b>3238 WYNSTONE CT.</b>	1.3 STREET ADDRESS	<b>5209 DIAMOND DRIVE DIRECTOR</b>
CITY-ST-ZIP	<b>SEBRING FL</b>	1.4 CITY-ST-ZIP	<b>SEBRING, FL.</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARGER ELIZABETH DIRECTOR</b>	2.2 NAME	<b>MARGARET LIKE</b>
STREET ADDRESS	<b>4308 MEDINA WAY</b>	2.3 STREET ADDRESS	<b>4045 RODEO DRIVE DIRECTOR</b>
CITY-ST-ZIP	<b>SEBRING, FL 00000</b>	2.4 CITY-ST-ZIP	<b>SEBRING, FL</b>
TITLE	<b>PDM</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HORNE, MRS. SIDNEY (HILMER)</b>	3.2 NAME	<b>CARMEN CAVALARO DIRECTOR</b>
STREET ADDRESS	<b>308 LAKE SEBRING DR</b>	3.3 STREET ADDRESS	<b>12 HILL SIDE DRIVE</b>
CITY-ST-ZIP	<b>SEBRING, FL 00000</b>	3.4 CITY-ST-ZIP	<b>LAKE PLACID, FL 93852</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ASBURY, MARGARET PRESIDENT</b>	4.2 NAME	
STREET ADDRESS	<b>317 OAK KNOLL CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROOD, WILLIAM TREASURER</b>	5.2 NAME	
STREET ADDRESS	<b>617 SPRING LAKE BLVD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	5.4 CITY-ST-ZIP	
TITLE	<b>M</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REBEC, TOM MANAGER</b>	6.2 NAME	
STREET ADDRESS	<b>3214 WYNSTONE COURT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING FL</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **William Rood** *William E. Rood* DATE: **JANUARY 20, 1998**

CPREC01 (10/97)