


FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90003 022 \*\*\*\*61.25

0068374

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>                                  |  |  |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # 763282</b>   |  |   |  |   |  |
| 1. Corporation Name<br><b>SEBRING BRIDGE CLUB, INC.</b>                          |  |   |  |   |  |
| Principal Place of Business<br><b>347 FERNLEAF AVE<br/>SEBRING FL 33870-3610</b> |  |   | Mailing Address<br><b>347 FERNLEAF AVE<br/>SEBRING FL 33870-3610</b> |   |  |

90003.22



|   |  |                        |  |                                   |  |
|---|--|------------------------|--|-----------------------------------|--|
| 2. Principal Place of Business                            |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified |  |
| 21 Suite, Apt. #, etc.                                    |  | 26 Suite, Apt. #, etc. |  | 05/14/1982                        |  |
| 22 City & State   |  | 27 City & State        |  | 4. FEI Number                     |  |
| 23 Zip  |  | 28 Zip                 |  | 58-2188159                        |  |
| 24 Country  |  | 29 Country             |  | 30                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/> |  |                        |  | \$8.75 Additional Fee Required    |  |
| 6. Election Campaign Financing <input type="checkbox"/>   |  |                        |  | \$5.00 May Be Added to Fees       |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent             |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| ROOD, WILLIAM E<br>617 SPRING LAKE BLVD<br>SEBRING FL 33870 |  |  |  | 81 Name   |  |  |  |
|   |  |  |  | Bette Killeen   |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   |  |  |  | 1711 Palm St.   |  |  |  |
| 83  |  |  |  | 84 City   |  |  |  |
|   |  |  |  | Sebring   |  |  |  |
| 85 Zip Code   |  |  |  | FL 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 Bette Killeen (Bette Killeen) Treasurer 1/27/99

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                      | SD                   | <input checked="" type="checkbox"/> DELETE |  | 1.1 TITLE   | SD                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | WAUGH, CAROLYN       |  |  | 1.2 NAME  | Lester Reinbolt    |  |  |
| STREET ADDRESS             | 3238 WYNSTONE CT.    |  |  | 1.3 STREET ADDRESS                                    | 1440 Golfside Dr.  |  |  |
| CITY-ST-ZIP                | SEBRING FL           |  |  | 1.4 CITY-ST-ZIP                                       | Sebring, Fl. 33870 |  |  |
| TITLE                      | D                    | <input type="checkbox"/> DELETE            |  | 2.1 TITLE   |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | HARPER, ELIZABETH    |  |  | 2.2 NAME  |                    |  |  |
| STREET ADDRESS             | 4308 MEDINA WAY      |  |  | 2.3 STREET ADDRESS                                    |                    |  |  |
| CITY-ST-ZIP                | SEBRING, FL 00000    |  |  | 2.4 CITY-ST-ZIP                                       |                    |  |  |
| TITLE                      | VPD                  | <input type="checkbox"/> DELETE            |  | 3.1 TITLE   |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | SICKINGER, PATRICIA  |  |  | 3.2 NAME  |                    |  |  |
| STREET ADDRESS             | 5209 DIAMOND DR      |  |  | 3.3 STREET ADDRESS                                    |                    |  |  |
| CITY-ST-ZIP                | SEBRING, FL 00000    |  |  | 3.4 CITY-ST-ZIP                                       |                    |  |  |
| TITLE                      | PD                   | <input type="checkbox"/> DELETE            |  | 4.1 TITLE   |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | ASBURY, MARGARET     |  |  | 4.2 NAME  |                    |  |  |
| STREET ADDRESS             | 317 OAK KNOLL CIRCLE |  |  | 4.3 STREET ADDRESS                                    |                    |  |  |
| CITY-ST-ZIP                | SEBRING FL 33870     |  |  | 4.4 CITY-ST-ZIP                                       |                    |  |  |
| TITLE                      | TD                   | <input checked="" type="checkbox"/> DELETE |  | 5.1 TITLE   | T                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | ROOD, WILLIAM        |  |  | 5.2 NAME  | Bette Killeen      |  |  |
| STREET ADDRESS             | 617 SPRING LAKE BLVD |  |  | 5.3 STREET ADDRESS                                    | 1711 Palm St.      |  |  |
| CITY-ST-ZIP                | SEBRING FL 33870     |  |  | 5.4 CITY-ST-ZIP                                       | Sebring, Fl 33870  |  |  |
| TITLE                      | M                    | <input type="checkbox"/> DELETE            |  | 6.1 TITLE   |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | REBEC, TOM           |  |  | 6.2 NAME  |                    |  |  |
| STREET ADDRESS             | 3214 WYNSTONE COURT  |  |  | 6.3 STREET ADDRESS                                    |                    |  |  |
| CITY-ST-ZIP                | SEBRING FL           |  |  | 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, with all other like empowered.

SIGNATURE: Bette Killeen REQUIRED Bette Killeen 1/27/99 941-382-1269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)