


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90045 002 ****61.25

DOCUMENT # 763282					
1. Entity Name SEBRING BRIDGE CLUB, INC.					
Principal Place of Business 347 FERNLEAF AVE SEBRING, FL 33870-3610			Mailing Address 347 FERNLEAF AVE SEBRING, FL 33870-3610		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-2188159	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KILLEEN, BETTE 1711 PALM ST. SEBRING, FL 33870			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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYERS, EMILY		NAME	Fran Kurk	
STREET ADDRESS	109 WOODSIDE DR		STREET ADDRESS	3034 Winstone Dr.	
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP	Sebring, FL 33875	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERKINS, LOUISE		NAME	Marilyn Groezinger	
STREET ADDRESS	2112 BURNING TREE CR.		STREET ADDRESS	2308 Dog Leg Dr.	
CITY-ST-ZIP	SEBRING, FL 33972		CITY-ST-ZIP	Sebring, FL 33872	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENHARDT, ARTHUR		NAME		
STREET ADDRESS	5924 LAKEWOOD RD.		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33875		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGH, MARGARET		NAME	Louise Perkins	
STREET ADDRESS	3005 ASHLEY OAKS LANE		STREET ADDRESS	2112 Burning Tree Ct.	
CITY-ST-ZIP	SEBRING, FL 33872		CITY-ST-ZIP	Sebring, FL 33872	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILLEEN, BETTE		NAME		
STREET ADDRESS	1711 PALM ST.		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, RICHARD		NAME		
STREET ADDRESS	109 WOODSIDE DR.		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP		
12. 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 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>BETTE KILLEEN - Bette Killeen, TREASURER</i>			Date: <i>1/29/05</i> Daytime Phone #: <i>863-382-1269</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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