


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90071 015 ****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 <u>Bette Killeen, Treasurer</u>		1/28/06		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2006		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	VB	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KURK, FRAN		NAME	Josephine Bowman	
STREET ADDRESS	3034 WINSTONE DRIVE		STREET ADDRESS	1519 Vicki Dr.	
CITY-ST-ZIP	SEBRING, FL 33875		CITY-ST-ZIP	Sebring, Fl 33870	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERKINS, LOUISE		NAME	Jeri McDonald	
STREET ADDRESS	2112 BURNING TREE CR.		STREET ADDRESS	PO Box 2587	
CITY-ST-ZIP	SEBRING, FL 33972		CITY-ST-ZIP	Lake Placid, Fl 33852	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LENHARDT, ARTHUR		NAME	Gloria Schultz	
STREET ADDRESS	5924 LAKEWOOD RD.		STREET ADDRESS	9847 Swan Lane	
CITY-ST-ZIP	SEBRING, FL 33875		CITY-ST-ZIP	Sebring, Fl 33875	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROEZINGER, MARILYN		NAME		
STREET ADDRESS	2308 DOG LEG DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33872		CITY-ST-ZIP		
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 checked="" type="checkbox"/> Delete	TITLE	VB	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYERS, RICHARD		NAME	Carman Cavallaro	
STREET ADDRESS	109 WOODSIDE DR.		STREET ADDRESS	12 Pinecrest St.	
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP	Lake Placid, Fl 33852	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Bette Killeen</u>		1/28/06		863-382-1269	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	