## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Sette Kellie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Secretary of State **DOCUMENT #763282** 02-01-2008 90029 034 \*\*\*\*61.25 SEBRING BRIDGE CLUB, INC. Principal Place of Business Mailing Address 40010101 347 FERNLEAF AVE 347 FERNLEAF AVE SEBRING, FL 33870-3610 SEBRING, FL 33870-3610 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122008 Chg-NP CR2E037 (12/06) 4. FEI Number 58-2188159 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KILLEEN, BETTE Street Address (P.O. Box Number is Not Acceptable) 1711 PALM ST. SEBRING, FL 33870 FL 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. Bette Killeen 1,28,2008 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2008 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete 774 Change TITLE TITLE ☐ Addition Indovina, Maryann 9 Roswood Ct. GROEZINGER, MARILYN NAME NAME STREET ADDRESS 2308 DOGLEG DRIVE STREET ADDRESS Lake Placid, Fl 33852 CITY-ST-ZIP SEBRING, FL 33872 CITY-ST-ZIP TOTLE Delete TITLE Change Penny Ericson 4855; Pebble Beach Sebring, FI 33872 ☐ Addition MCDONALD, JERI NAME NAME P.O. BOX 2587 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE PLACID, FL 33852 CITY-ST-7/P TITLE ☐ Delete THLE ☐ Change ☐ Addition Marcia Lane MCNANY, BARBARA NAME NAME 2206-Martinque-Ave. STREET ADDRESS 824 GOLFSIDE LANE STREET ADORESS Sebring, Fl 33872 SEBRING, FL 33872 CITY-ST-7/P CITY-ST-ZIP Delete ME TITLE XIX Change ☐ Addition GROEZINGER, MARILYN NAME NAME Doris McDonald 2308 DOG LEG DRIVE STREET ADDRESS STREET ADDRESS Pare Bp¥a2587 F1 33852 CITY-ST-ZIP SEBRING, FL 33872 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition Val Young KILLEEN, BETTE NAME NAME 2220 Alligators Alley STREET ADDRESS 1711 PALM ST. STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33870 CITY-ST-7IP TITLE Detete Change ☐ Addition CAVALLARO, CARMAN NAME NAME STREET ADDRESS 12 PINECREST ST STREET ADDRESS CITY-ST-ZIP LAKE PLACID, FL 33852 CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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.

FILED

Feb 01, 2008 8:00 am