2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# 763282

Entity Name: SEBRING BRIDGE CLUB, INC.

Current Principal Place of Business:

347 FERNLEAF AVE
SEBRING, FL 338703610

New Principal Place of Business:

Current Mailing Address:

347 FERNLEAF AVE
SEBRING, FL 338703610

New Mailing Address:

FEI Number: 58-2188159 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KILLEEN, BETTE
1711 PALM ST.
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	INDOVINA, MARYANN	
Address:	9 ROSWOOD CT.	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	PD	( ) Delete
Name:	ERICSON, PENNY	
Address:	4855 PEBBLE BEACH	
City-St-Zip:	SEBRING, FL 33872	
Title:	SD	( ) Delete
Name:	MCNANY, BARBARA	
Address:	824 GOLFSIDE LANE	
City-St-Zip:	SEBRING, FL 33872	
Title:	D	( ) Delete
Name:	MCDONALD, DORIS	
Address:	PO BOX 2587	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	TD	( ) Delete
Name:	KILLEEN, BETTE	
Address:	1711 PALM ST.	
City-St-Zip:	SEBRING, FL 33870	
Title:	M	( ) Delete
Name:	CAVALLARO, CARMAN	
Address:	12 PINECREST ST	
City-St-Zip:	LAKE PLACID, FL 33852	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTE KILLEEN TD 03/13/2009

Electronic Signature of Signing Officer or Director — Date