

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008724

FILED
Aug 16, 2007
Secretary of State

Entity Name: SEBRING RACE MUSEUM, INC.

Current Principal Place of Business:

113 MIDWAY DR.
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

113 MIDWAY DR.
SEBRING, FL 33870

New Mailing Address:

FEI Number: 02-0604147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SWAINE, J. MICHAEL
425 S. COMMERCE AVE.
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: D () Delete
Name: STEPHENSON, WILLIAM H III
Address: 113 MIDWAY DR.
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: BROOKER, L.E.
Address: 590 S. COMMERCE AVE.
City-St-Zip: SEBRING, FL 33870

Title: P () Delete
Name: SWAINE, J. MICHAEL
Address: 425 S. COMMERCE AVE.
City-St-Zip: SEBRING, FL 33870

Title: V () Delete
Name: ANDREWS, MARK
Address: 2027 US 27 N
City-St-Zip: SEBRING, FL 33870

Title: T () Delete
Name: CARLSON, JEFF
Address: 3531 US 27 S
City-St-Zip: SEBRING, FL 33870

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:

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: MICHAEL J. SWAINE

P

08/16/2007

Electronic Signature of Signing Officer or Director

_____ Date