

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 08, 2008  
Secretary of State**

DOCUMENT# N01000008724

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 ( )

**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: J. MICHAEL SWAINE

P

01/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date