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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N14810 (8)

1. Corporation Name

SEBRING SUNRISE ROTARY CLUB, INC.



Principal Place of Business

Mailing Address

C/O SCHOMMER, NICHOLAS G.  
329 S. COMMERCE AVE. (P.O. BOX 1363)  
SEBRING FL 33870

C/O SCHOMMER, NICHOLAS G.  
329 S. COMMERCE AVE. (P.O. BOX 1363)  
SEBRING FL 33870

3. Date Incorporated or Qualified

05/08/1986

3a. Date of Last Report

03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHOMMER, NICHOLAS G.  
329 SOUTH COMMERCE AVENUE  
SEBRING FL 33870

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T  
NAME SCHULER, SHARON  
STREET ADDRESS 140 E CIRCLE ST  
CITY-ST-ZIP AVON PARK FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

VP.  
NAME STEEDLEY, HAZEL  
STREET ADDRESS 223 JAY AVE  
CITY-ST-ZIP SEBRING FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

D  
NAME LAMB, DONALD  
STREET ADDRESS 712 SW LAKEVIEW DR  
CITY-ST-ZIP SEBRING FL

☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

DIRECTOR  
SCHOMMER, NICHOLAS G.  
328 S. COMMERCE ST.  
SEBRING FL

D  
NAME JONES, CHARLES B  
STREET ADDRESS 1221 TASESCHEE DRIVE  
CITY-ST-ZIP SEBRING FL

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

D  
NAME HESSELINK, ROBERT  
STREET ADDRESS 225 WASHINGTON ROAD  
CITY-ST-ZIP SEBRING FL

☒ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

SECY  
SEIFERT, YAL  
510 OAK AVE.  
SEBRING, FL.

P  
NAME GRUBB, DALE  
STREET ADDRESS 3101 DIVOT RD.  
CITY-ST-ZIP SEBRING FL

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Val Seifert - VAL SEIFERT - Sec'y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-91

(941)-385-8730

Date

Payline Phone

CR2E037 (12/95)