

FILE NOW: FILING FEE IS \$61.25

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

3. Date Incorporated or Qualified **05/08/1986** 3a. Date of Last Report **03/23/1995**
4. FEI Number **59-2704818** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent
**SCHOMMER, NICHOLAS G.
329 SOUTH COMMERCE AVENUE
SEBRING FL 33870**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature typed or printed name of registered agent and title if applicable

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	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP. NAME: STEEDLEY, HAZEL STREET ADDRESS: 223 JAY AVE CITY-ST-ZIP: SEBRING FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: LAMB, DONALD STREET ADDRESS: 712 SW LAKEVIEW DR CITY-ST-ZIP: SEBRING FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR SCHOMMER, NICHOLAS G. 329 S. COMMERCE ST. SEBRING FL
D NAME: JONES, CHARLES B STREET ADDRESS: 1221 TASESCHEE DRIVE CITY-ST-ZIP: SEBRING FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: HESSELINK, ROBERT STREET ADDRESS: 225 WASHINGTON ROAD CITY-ST-ZIP: SEBRING FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY SEIFERT, YAL 510 OAK AVE. SEBRING, FL.
P NAME: GRUBB, DALE STREET ADDRESS: 3101 DIVOT RD. CITY-ST-ZIP: SEBRING FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 Date: 3-5-97 (941)-385-8730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)