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Jun 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33870-3607

3. Date Incorporated or Qualified
05/08/1986

3a. Date of Last Report
04/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE S ☐ Change ☒ Addition
1.2 NAME Lisa Key Golde
1.3 STREET ADDRESS 312 Rail Avenue
1.4 CITY-ST-ZIP Sebring, Florida 33872

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

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Craig Crowder
2.3 STREET ADDRESS 4017 Wilson Avenue
2.4 CITY-ST-ZIP Sebring, Florida 33870

D ☐ DELETE
NAME SCHOMMER, NICHOLAS F
STREET ADDRESS 328 S COMMERCE ST
CITY-ST-ZIP SEBRING FL

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME 700002211367
3.3 STREET ADDRESS -06/13/97--01034--029
3.4 CITY-ST-ZIP ***61.25

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

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Mike Carter
4.3 STREET ADDRESS 1703 NE Lakeview Drive
4.4 CITY-ST-ZIP Sebring, Florida 33870

S ☒ DELETE
NAME SEIFERT, YAL
STREET ADDRESS 510 OAK AVE
CITY-ST-ZIP SEBRING FL

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Dick Hogarth
5.3 STREET ADDRESS 300 Lake Sebring Drive
5.4 CITY-ST-ZIP Sebring, Florida 33870

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

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME Jim Sacco
6.3 STREET ADDRESS 4040 Wilson Avenue
6.4 CITY-ST-ZIP Sebring, Florida 33870

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in s. 199.032, 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.

CR2E037 (9/96)