


FILE NOW: FILING FEE IS \$61.25

FILED

**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 C/O SCHOMMER, NICHOLAS G. 329 S. COMMERCE AVE. (P.O. BOX 1363) SEBRING FL 33870	Mailing Address 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
24	29
25	30

4. FEI Number 59-2704818	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
T NAME: SCHULER, SHARON STREET ADDRESS: 140 E CIRCLE ST CITY-ST-ZIP: AVON PARK FL	<input type="checkbox"/> DELETE
VP NAME: STEEDLEY, HAZEL STREET ADDRESS: 223 JAY AVE CITY-ST-ZIP: SEBRING FL	<input type="checkbox"/> DELETE
D NAME: SCHOMMER, NICHOLAS F STREET ADDRESS: 328 S COMMERCE ST CITY-ST-ZIP: SEBRING FL	<input type="checkbox"/> DELETE
D NAME: JONES, CHARLES B STREET ADDRESS: 1221 TASESCHEE DRIVE CITY-ST-ZIP: SEBRING FL	<input checked="" type="checkbox"/> DELETE
S NAME: SEIFERT, YAL STREET ADDRESS: 510 OAK AVE CITY-ST-ZIP: SEBRING FL	<input checked="" type="checkbox"/> DELETE
P NAME: GRUBB, DALE STREET ADDRESS: 3101 DIVOT RD. CITY-ST-ZIP: SEBRING FL	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: Lisa Key Golde	
1.3 STREET ADDRESS: 312 Rail Avenue	
1.4 CITY-ST-ZIP: Sebring, Florida 33872	
2.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: Craig Crowder	
2.3 STREET ADDRESS: 4017 Wilson Avenue	
2.4 CITY-ST-ZIP: Sebring, Florida 33870	
3.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: 700002211367	
3.3 STREET ADDRESS: -06/13/97--01034--029	
3.4 CITY-ST-ZIP: ***61.25	
4.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: Mike Carter	
4.3 STREET ADDRESS: 1703 NE Lakeview Drive	
4.4 CITY-ST-ZIP: Sebring, Florida 33870	
5.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME: Dick Hogarth	
5.3 STREET ADDRESS: 300 Lake Sebring Drive	
5.4 CITY-ST-ZIP: Sebring, Florida 33870	
6.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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)