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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
4. FEI Number	59-2704818
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 C/O Robert L Hesselink	26 C/O Robert L Hesselink
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 225 Washington Rd	27 225 Washington Rd
City & State	City & State
23 Sebring, FL	28 Sebring, FL
Zip	Zip
24 33870	29 33870
Country	Country
25 USA	30 USA

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input 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 Robert L Hesselink
82 Street Address (P.O. Box Number is Not Acceptable) 225 Washington Rd.
83
84 City Sebring,
85 Zip Code FL 33870

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 *Robert L Hesselink* Robert L Hesselink 2/18/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SCHULER, SHARON
STREET ADDRESS	140 E CIRCLE ST
CITY-ST-ZIP	AVON PARK FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VP STEEDLEY, HAZEL
STREET ADDRESS	223 JAY AVE
CITY-ST-ZIP	SEBRING FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D SCHOMMER, NICHOLAS F
STREET ADDRESS	328 S COMMERCE ST
CITY-ST-ZIP	SEBRING FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D CORWDER, CRAIG
STREET ADDRESS	4017 WILSON AVENUE
CITY-ST-ZIP	SEBRING FL 33870
TITLE	<input type="checkbox"/> DELETE
NAME	D CARTER, MIKE
STREET ADDRESS	1703 NE LAKEVIEW DRIVE
CITY-ST-ZIP	SEBRING FL 33870
TITLE	<input type="checkbox"/> DELETE
NAME	D HOGARTH, DICK
STREET ADDRESS	300 LAKE SEBRING DRIVE
CITY-ST-ZIP	SEBRING FL 33870

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Nicholas Schommer
1.3 STREET ADDRESS	329 S. Commerce Ave
1.4 CITY-ST-ZIP	Sebring, FL 33870
2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Craig Crowder
2.3 STREET ADDRESS	4027 Wilson Ave.
2.4 CITY-ST-ZIP	Sebring, FL 33872
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Christine Jones
3.3 STREET ADDRESS	9325 McRoy Road
3.4 CITY-ST-ZIP	Sebring, FL 33872
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sharon Schuler
4.3 STREET ADDRESS	140 E. Circle St.
4.4 CITY-ST-ZIP	Avon Park, FL 33825
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Sharon Schuler* 2/18/98 (941) 382-2196

CR2E037 (10/97)