

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14810

1. Corporation Name

SEBRING SUNRISE ROTARY CLUB, INC.

Principal Place of Business

C/O ROBERT L. HESSELINK
225 WASHINGTON ROAD
SEBRING FL 33870
US

Mailing Address

C/O ROBERT L. HESSELINK
225 WASHINGTON ROAD
SEBRING FL 33870
US

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90109 004 ****61.25

234670 - 90109 - 4



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/08/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2704818	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

HESSELINK, ROBERT L.
225 WASHINGTON ROAD
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

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	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Director & President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHULER, SHARON	1.2 NAME	HESSELINK, ROBERT L.
STREET ADDRESS	140 E CIRCLE ST	1.3 STREET ADDRESS	225 Washington Road
CITY-ST-ZIP	AVON PARK FL 33825	1.4 CITY-ST-ZIP	Sebring, FL 33870
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	Director and Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOMMER, NICHOLAS	2.2 NAME	SCHOMMER, NICHOLAS
STREET ADDRESS	329 S. COMMERCE AVENUE	2.3 STREET ADDRESS	329 S. Commerce Avenue
CITY-ST-ZIP	SEBRING FL 33870	2.4 CITY-ST-ZIP	Sebring, FL 33870
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director and Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHOMMER, NICHOLAS F	3.2 NAME	MACBETH, J. ROSS
STREET ADDRESS	328 S COMMERCE ST	3.3 STREET ADDRESS	2543 U.S. 27 South
CITY-ST-ZIP	SEBRING FL 33872	3.4 CITY-ST-ZIP	Sebring, FL 33870
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Director & Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, CHRISTINE	4.2 NAME	CROWDER, CRAIG
STREET ADDRESS	9325 MCROY ROAD	4.3 STREET ADDRESS	4027 Wilson Avenue
CITY-ST-ZIP	SEBRING FL 33872	4.4 CITY-ST-ZIP	Sebring, FL 33872
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Director & Sergeant-at-arms <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, MIKE	5.2 NAME	CARTER, MIKE
STREET ADDRESS	1703 NE LAKEVIEW DRIVE	5.3 STREET ADDRESS	1703 NE Lakeview Drive
CITY-ST-ZIP	SEBRING FL 33870	5.4 CITY-ST-ZIP	Sebring, FL 33870
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director & President Elect <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOGARTH, DICK	6.2 NAME	GOLDE, LISAKAY
STREET ADDRESS	300 LAKE SEBRING DRIVE	6.3 STREET ADDRESS	312 Rail Avenue
CITY-ST-ZIP	SEBRING FL 33870	6.4 CITY-ST-ZIP	Sebring, FL 33872

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

2540 10 90107-4
N148/D

**FLORIDA DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS**

NONPROFIT CORPORATION ANNUAL REPORT 1999

Continuation of 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	SACCO, JAMES		
1.3 STREET ADDRESS	4040 Wilson Avenue		
1.4 CITY-ST-ZIP	Sebring, FL 33872		

1.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	BREED, MARK		
1.3 STREET ADDRESS	310 Newman Road		
1.4 CITY-ST-ZIP	Sebring, FL 33870		

1.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	CARNAHAN, BARBARA		
1.3 STREET ADDRESS	4700 Desoto Road		
1.4 CITY-ST-ZIP	Sebring, FL 33870		