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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14810

1. Corporation Name
SEBRING SUNRISE ROTARY CLUB, INC.

234670 - 90109 - 4



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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/08/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2704818
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 85 Zip Code FL
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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		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 X	X 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	(list continued on attached sheet)
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: S. Carter **REQUIRED** 1/20/99 (941) 385-7600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

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N1481D

**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		