

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90067 021 ****61.25

DOCUMENT # N14810

1. Entity Name
SEBRING SUNRISE ROTARY CLUB, INC.



Principal Place of Business

**C/O MACBETH, J. ROSS
2543 U.S. 27 SOUTH
SEBRING, FL 33870 US**

Mailing Address

**C/O MACBETH, J. ROSS
2543 U.S. 27 SOUTH
SEBRING, FL 33870 US**

DO NOT WRITE IN THIS SPACE



03212007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2704818

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHOMMER, NICHOLAS
329 SOUTH COMMERCE AVENUE
SEBRING, FL 33870**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CROWDER, CRAIG
4027 WILSON AVENUE
SEBRING, FL 33875**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
O'BRIEN, MERRITT
2706 GREENACRE DR
SEBRING, FL 33872**

*Amended
see Attached*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
MACBETH, J. ROSS
2543 US 27 SOUTH
SEBRING, FL 33870**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ELWELL, DON
2701 SUNSET DR
SEBRING, FL 33870**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
POLSTON, DALE
2925 KENILWORTH BLVD
SEBRING, FL 33870**

Deleted

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COUGHLIN, PETE
2754 TREASURE CAY LANE
SEBRING, FL 33875**

*Amended
see Attached*

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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

J. Ross Macbeth
J. Ross Macbeth

4/24/07
4/24/07 (863)385-7600

Date

Daytime Phone #

ATTACHMENT

40104606

SEBRING SUNRISE ROTARY CLUB, INC.

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NONPROFIT CORPORATION ANNUAL REPORT 2007

Line 10 - Continuation

TITLE	President/Director
NAME	COUGHLIN, PETE
STREET ADDRESS	2754 TREASURY CAY LANE
CITY-ST-ZIP	SEBRING, FL 33875

TITLE	Secretary/Director
NAME	MACBETH, J. ROSS
STREET ADDRESS	2543 US 27 SOUTH
CITY-ST-ZIP	SEBRING, FL 33870

TITLE	Treasurer/Director
NAME	CROWDER, CRAIG
STREET ADDRESS	4027 WILSON AVENUE
CITY-ST-ZIP	SEBRING, FL 33875

TITLE	Director
NAME	O'BRIEN, MERRITT
STREET ADDRESS	2706 GREENACRE DR
CITY-ST-ZIP	SEBRING, FLORIDA 33872

TITLE	Director
NAME	SWAINE, WILL
STREET ADDRESS	P.O. BOX 7834
CITY-ST-ZIP	SEBRING, FL 33872

TITLE	Director
NAME	ELWELL, DON
STREET ADDRESS	2701 SUNSET DR
CITY-ST-ZIP	SEBRING, FL 33870

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ATTACHMENT

40104606

TITLE	Director
NAME	NEGLEY, JOHN
STREET ADDRESS	2738 SUNRISE DR
CITY-ST-ZIP	SEBRING, FL 33872

TITLE	Director
NAME	COLLIER, TERRY
STREET ADDRESS	1727 LAKE CLAY DR
CITY-ST-ZIP	LAKE PLACID, FL 33852

TITLE	Director
NAME	SACCO, JIM
STREET ADDRESS	4014 LAKE HAVEN BLVD
CITY-ST-ZIP	SEBRING, FL 33875

TITLE	Director
NAME	COOL, CARL
STREET ADDRESS	1120 LAKE LOVELA DR.
CITY-ST-ZIP	AVON PARK, FL 33825

TITLE	Director
NAME	BORING, CHIP
STREET ADDRESS	4031 SANTA BARBARA DR.
CITY-ST-ZIP	SEBRING, FL 33875