2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # N14810 1. Entity Name SEBRING SUNRISE ROTARY CLUB, INC.						04-28-2008	90342 04	5 ****61	25	
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							
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04242008	Chg-NP	CR2E03	7 (12/06)		
City & State		City & State			4. FEI Number 59-2704				oplied For ot Applicable	
Zip	Country	Zip	· Country		5. Certificate of	of Status Desired		8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent			7 Name and	Address of New		<u> </u>	- 2	
SCHOMM	ER, NICHOLAS		Name							
329 SOUTH COMMERCE AVENUE SEBRING, FL 33870			Stree	Address	P.O. Box Number	r is Not Acceptat	ole)			
			City			 -	FL	Zip Cod	e	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office	or registe	red agent, or both	n, in the State of F	florida. I am fa	amiliar with,	and accept	
SIGNATURE .									,	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent sig	natura require	l when reinstation)		DATE			
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	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Carr Trust Fund C			\$5.00 May Be Added to Fees	S. SEL	Make check	ment of Si	tato 🏋 💮 🥍	
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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 of the corporation and other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

oss Macheth 4/24

8 863-385-7600 Daytome Phone #