## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 09, 2004 8:00 am Secretary of State DOCUMENT # N43725 1. Entity Name 03-09-2004 90014 047 \*\*\*\*61.25 SEBRING EAGLES, INC. Principal Place of Business Mailing Address 12921 US 98 S SEBRING FL 33876-9410 12921 US 98 S SEBRING FL 33876-9410 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3001227 Not Applicable Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALBERS, RICHARD Street Address (P.O. Box Number is Not Acceptable) 209 SPARROW AVE SEBRING FL 33872-3732 City 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change ☐ Addition FISHER, ERMAN L NAME NAME 11501 US HWY 27 S LOT 12 STREET ADDRESS STREET ADDRESS SEBRING FL 33875-9540 CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE ☐ Change ☐ Addition ALBERS, RICHARD NAME NAME 209 SPARROW AV STREET ADDRESS STREET ADDRESS SEBRING FL 33872-3732 CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition MCCABE, JAMES-NAME NAME 11501 US 27 S STREET ADDRESS STREET ADDRESS SEBRING FL 33876 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition FISHER, ERMAN L NAME 11501 HWY 27 S LOT 12 STREET ADDRESS STREET ADDRESS SEBRING FL 33875-9540 CJTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition DAWBER, MICHAEL NAME NAME 974 FARM ROAD STREET ADDRESS STREET ADDRESS SEBRING FL 33876-6648 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 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

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