

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49804 (0)

1. Corporation Name

SEBRING CHAMBER OF COMMERCE, INC.



Principal Place of Business

309 SOUTH CIR
SEBRING FL 33870

Mailing Address

309 SOUTH CIR
SEBRING FL 33870

3. Date Incorporated or Qualified
07/10/1992

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-0532480

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, MICHAEL R.
309 SOUTH CIR
SEBRING FL 33870

81 Name
Allan R. Fish

82 Street Address (P.O. Box Number is Not Acceptable)
309 SOUTH CIRCLE

83

84 City
SEBRING

FL

85 Zip Code
33870

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
Allan R. Fish, Executive Vice President and Secretary of the Corp.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MEDER, JOHN
STREET ADDRESS 3750 U.S. HWY 27 NO
CITY-ST-ZIP SEBRING FL

DELETE

TITLE VP
NAME CROWDER, CRAIG
STREET ADDRESS 228 NORTH RIDGEWOOD
CITY-ST-ZIP SEBRING FL

DELETE

TITLE VP
NAME STEPHENSON, TRES
STREET ADDRESS 113 MIDWAY DRIVE
CITY-ST-ZIP SEBRING FL

DELETE

TITLE T
NAME RICHARDSON, JIM
STREET ADDRESS 4141 U.S. 27 NORTH
CITY-ST-ZIP SEBRING FL

DELETE

TITLE D
NAME HARRIS, GREY
STREET ADDRESS 4800 HAW BRANCH RD
CITY-ST-ZIP SEBRING FL

DELETE

TITLE VP
NAME BORING, LINDA
STREET ADDRESS 2359 U.S. HWY. 27 SOUTH
CITY-ST-ZIP SEBRING FL

DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director
Allan R. Fish

Date
4/12/96

Daytime Phone #
941-385-8448

CR2E037 (12/95)