

**FILE NOW: FILING FEE IS \$61.25**

1-2

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N11098** (3)  
1. Corporation Name  
**SEBRING MAIN STREET, INC.**



Principal Place of Business: 219 NORTH RIDGEWOOD DRIVE, P.O. BOX 1243, SEBRING FL 33871-8243  
Mailing Address: 219 NORTH RIDGEWOOD DRIVE, P.O. BOX 1243, SEBRING FL 33871-8243

3. Date Incorporated or Qualified: 09/16/1985  
3a. Date of Last Report: 02/10/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-2626645  
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: SCHOMMER, NICHOLAS G., 329 S. COMMERCE AVENUE, 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, FL, 85 Zip Code

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
NOTE: Registered Agent signature required when renouncing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD CROWDER, LINDA 4027 WILSON AVENUE SEBRING FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D MEDER, JOHN 3750 US 27 NORTH SEBRING FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D HOWARD, NANCY 426 SCHOOL STR SEBRING FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	TD PELLA, PATRICIA S 137 S. RIDGEWOOD DR. SEBRING FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D CROWDER, CRAIG 228 N. RIDGEWOOD DR. SEBRING FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	D Christine Hands
NAME		6.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		6.3 STREET ADDRESS	901 US Hwy 27 N, Ste 68
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Sebrin, FL 33870

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: *Linda Crowder* 6/12/96 (941) 385-6437  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

N11098

2-2

**Sebring Main Street, Inc.  
219 North Ridgewood Drive  
P.O. Box 1243  
Sebring, Florida 33871-1243**

7.1 Title	D
7.2 Name	Rebecca Gillies
7.3 Address	441 US 27 North
7.4 City-State-Zip	Sebring, FL 33870
8.1 Title	D
8.2 Name	Mike Riccitiello
8.3 Address	3215 Wynstone Court
8.4 City-State-Zip	Sebring, FL 33872
9.1 Title	D
9.2 Name	Dave Sibrel
9.3 Address	233 N. Ridgewood Drive
9.4 City-State-Zip	Sebring, FL 33870
10.1 Title	D
10.2 Name	John Clark
10.3 Address	2623 US 27 South
10.4 City-State-Zip	Sebring, FL 33870