FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jun 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N18334

(5)

SEBRING LIONS BREAKFAST CLUB, INC.					AN ANN ANN ANN ANN AN
Principal Place	e of Business	Mailing Address			(
1067 HAWTHORNE DRIVE 1067 HAWTHORNE DRIVE SEBRING FL 33870 SEBRING FL 33870 US				Date Incorporated or Qualified 12/18/1986	
05		US		4. FEI Number	Applied For
				23-7335690	Not Applicable
2. Principal P	lace of Business	2a. Mailing Address	parta Rd	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
27 Septing		og, 1-1-	Trust Fund Contribution	Added to Fees	
City & State City & State		\mathcal{J}'	7. Is this nonprofit corporation a homeowner		
23				☐ Yes ☐ No	
Zip	Country	Zip 2072	country Highlands	8. This corporation owes or has paid the cu	
24	9. Name and Address of Current	1-1 to 19 0 19 1	30 1+19h 1amas	Personal Property Tax due June 30.	Yes No
	S. Hallio and Abbress of Corton	Trogrammed Agent	81 Name	10. Itelino and Addies Of Hen Hegisteriog	∨Aaur
1067 HAWTHORNE DRIVE			<u> </u>	ress (P.O. Box Number is Not Acceptable)	
			83		
SEBRING FL 33870			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.					
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE					
	Signature, typed or printed name of registered agent		Registered Agent signature requi		
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
	HURNER, G T	better			C Curaing C Addition
NAME	1416 FIFTH AVE		1.2 NAME		
STREET ADDRESS	SEBRING FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D SEDIMING FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	RILEY, MAX	- Dotterie	2.2 NAME		
STREET ADDRESS	6750 US 27 NO, V-5A		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		2.4 CITY-ST-ZIP		/
TITLE	D	DELETE	3.1 TITLE	T Director 1	Change Addition
NAME	BETHEA, JERRY		3.2 NAME	James Benton	
STREET ADDRESS	420 BETHEA LANE		3.3 STREET ADDRESS	5071 Strafford O	laks Dr
CITY-ST-ZIP	SEBRING FL	_		Sebring FL 33872	<u></u>
TITLE	P	DELETE	4.1 TITLE		Change Addition
NAME	LAMP, A W	_	4. 2 NAME		
STREET ADDRESS	404 SW LAKEVIEW DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		4.4 CITY - ST - ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROHN, E. CHARLES		5.2 NAME		
STREET ADDRESS	6750 US 27 NORTH V-5A		5.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. 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 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.

6.4 CITY-ST-ZIP