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Apr 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710400^{PK}

1. Corporation Name

Principal Place of Business

Mailing Address

SEBRING RECREATION CLUB
333 POMEGRANATE AVE.
SEBRING, FL. 33870

SEBRING RECREATION CLUB
333 POMEGRANATE AVE.
SEBRING, FL. 33870

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

Suite, Apt. #, etc.

02/21/1966

22 City & State

City & State

4. FEI Number
59-1144396

Applied For
Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

24 25

29 30

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAVILL, RICHARD
648 N. Ridgewood #14
SEBRING, FL. 33870

81 Name	HUNDLEY, JAMES
82 Street Address (P.O. Box Number is Not Acceptable)	3651 HWY. 27 S #60
83 City	SEBRING, FL. 33872
84 City	SEBRING, FL. 33872
85 Zip Code	FL 33872

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

James Hundley, President

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SAVILL, RICHARD	
STREET ADDRESS	548 N. RIDGEWOOD #14	
CITY-ST-ZIP	SEBRING, FL. 33870	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HOOVER, BEA	
STREET ADDRESS	1703 PROSPECT ST.	
CITY-ST-ZIP	SEBRING, FL. 33870	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HUNDLEY, JAMES	
STREET ADDRESS	3651 HWY. 27 S #60	
CITY-ST-ZIP	SEBRING, FL. 33872	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KNEPP, NOAH	
STREET ADDRESS	2612 LAKEVIEW DR., N.E.	
CITY-ST-ZIP	SEBRING, FL. 33870	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BISHOP, ROY	
STREET ADDRESS	820 POMEGRANATE AVE.	
CITY-ST-ZIP	SEBRING, FL. 33870	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBS, MARGUERITE	
STREET ADDRESS	626 SCHLOSSER	
CITY-ST-ZIP	SEBRING, FL. 33872	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HUNDLEY, JAMES	
1.3 STREET ADDRESS	3651 HWY. 27 S #60	
1.4 CITY-ST-ZIP	SEBRING, FL. 33872	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MONTI, GLADYS	
2.3 STREET ADDRESS	1200 SPINKS LN.	
2.4 CITY-ST-ZIP	SEBRING, FL. 33870	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GRAVES, EVALIN	
3.3 STREET ADDRESS	2900 S.R. 17 N	
3.4 CITY-ST-ZIP	SEBRING, FL. 33870	
4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KNEPP, NOAH	
4.3 STREET ADDRESS	2612 LAKEVIEW DR., N.E.	
4.4 CITY-ST-ZIP	SEBRING, FL. 33870	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	O'BLENIS, EDWARD	
5.3 STREET ADDRESS	543 OAK AVE.	
5.4 CITY-ST-ZIP	SEBRING, FL. 33870	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JACOBS, MARGUERITE	
6.3 STREET ADDRESS	626 SCHLOSSER	
6.4 CITY-ST-ZIP	SEBRING, FL. 33872	

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, with all other like empowered.

SIGNATURE: *Noah Knepp Treasurer*

3-22-99 941-385-8927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)