2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18334

FILED Jan 14, 2004 Secretary of State

Entity Name: SEBRING LIONS BREAKFAST CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: QUALITY INN&SUITE SANTA ROSA HOTEL 6525 US 27 N. 509 N. RIDGEWOOD DR. SEBRING, FL 33872 SEBRING, FL 33870 **Current Mailing Address: New Mailing Address:** 3149 SHORTWOOD RD. SEBRING, FL 33870 US FEI Number: 23-7335690 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RILEY, MAX 6750 ÚS 27 N VILLA-3D SEBRING, FL 33870 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LUCK, GINNY B Name: Name: Address: 629 NE LAKEVIEW DRIVE Address: City-St-Zip: SEBRING, FL 33870 City-St-Zip: Title: () Delete Title: () Change () Addition VON MERVELDT, PAUL Name: Name: Address: 3149 SHORTWOOD RD Address: City-St-Zip: SEBRING, FL 33870 City-St-Zip: Title: () Delete Title: (X) Change () Addition MCKLIN, EDITH Name: BECKER, PAUL Name: 328 HEMLOCK AVE 438 SUNBIRD SQUARE Address: Address: City-St-Zip: SEBRING, FL 33870 City-St-Zip: SEBRING, FL 33872 Title: () Delete Title: () Change () Addition Name: VON MERVELDT, MARLENE B Name: 3149 SHORTWOOD RD Address: Address: City-St-Zip: SEBRING, FL 33870 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE B. VON MERVELDT D 01/14/2004