

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18334

FILED
Jan 13, 2006
Secretary of State

Entity Name: SEBRING LIONS BREAKFAST CLUB, INC.

Current Principal Place of Business:

DOT'S RESTURANT
950 SEBRING SQUARE
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

3149 SHORTWOOD RD.
SEBRING, FL 33870 US

New Mailing Address:

FEI Number: 23-7335690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RILEY, MAX
6750 US 27 N
VILLA-3D
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: RYAN, BRANCH
Address: 1009 CITROEN DRIVE
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: VON MERVELDT, PAUL
Address: 3149 SHORTWOOD RD
City-St-Zip: SEBRING, FL 33870

Title: D (X) Delete
Name: BECKER, PAUL
Address: 438 SUNBIRD SQUARE
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: VON MERVELDT, MARLENE B
Address: 3149 SHORTWOOD RD
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LUTHER, LUCK
Address: 629 N.E. LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 VON MERVELDT

D

01/13/2006

Electronic Signature of Signing Officer or Director

Date