


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90027 049 ****61.25

DOCUMENT # N11098

1. Entity Name
SEBRING MAIN STREET, INC.



Principal Place of Business
**219 NORTH RIDGEWOOD DRIVE
 P.O. BOX 1243
 SEBRING, FL 33871-1243**

Mailing Address
**219 NORTH RIDGEWOOD DRIVE
 P.O. BOX 1243
 SEBRING, FL 33871-1243**

40028020



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01162008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-2626645

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**SCHOMMER, NICHOLAS G.
 329 S. COMMERCE AVENUE
 SEBRING, FL 33870**

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD <input type="checkbox"/> Delete
NAME	PELLA, PATRICIA S
STREET ADDRESS	136 S. RIDGEWOOD DR.
CITY - ST - ZIP	SEBRING, FL
TITLE	D <input type="checkbox"/> Delete
NAME	CROWDER, CRAIG
STREET ADDRESS	205 W. CENTER AVE.
CITY - ST - ZIP	SEBRING, FL 33870
TITLE	PD <input type="checkbox"/> Delete
NAME	CLARK, JOHN
STREET ADDRESS	2324 PINEWOOD BLVD.
CITY - ST - ZIP	SEBRING, FL 33870
TITLE	D <input type="checkbox"/> Delete
NAME	BROWN, ROBERT
STREET ADDRESS	1225 KILLARNEY DR.
CITY - ST - ZIP	SEBRING, FL 33875
TITLE	D <input type="checkbox"/> Delete
NAME	JUVE, DIANE
STREET ADDRESS	1123 LAKE LOTELA DR.
CITY - ST - ZIP	SEBRING, FL 33875
TITLE	D <input type="checkbox"/> Delete
NAME	WILSON, CHARLOTTE
STREET ADDRESS	215 MINI RANCH RD.
CITY - ST - ZIP	SEBRING, FL 33870

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda Crowder* *Linda Crowder* *2/14/08* *(803) 325-5913*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #