


**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

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

**SCHOMMER, NICHOLAS G.  
329 S. COMMERCE AVENUE  
SEBRING, FL 33870**

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

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