

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N11098

Entity Name: SEBRING MAIN STREET, INC.

Current Principal Place of Business:

219 NORTH RIDGEWOOD DRIVE
P.O. BOX 1243
SEBRING, FL 338711243

New Principal Place of Business:

219 NORTH RIDGEWOOD DRIVE
SEBRING, FL 338711243

Current Mailing Address:

219 NORTH RIDGEWOOD DRIVE
P.O. BOX 1243
SEBRING, FL 338711243

New Mailing Address:

FEI Number: 59-2626645 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOMMER, NICHOLAS G.
329 S. COMMERCE AVENUE
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: TD () Delete
Name: PELLA, PATRICIA S
Address: 136 S. RIDGEWOOD DR.
City-St-Zip: SEBRING, FL

Title: D () Delete
Name: CROWDER, CRAIG
Address: 205 W. CENTER AVE.
City-St-Zip: SEBRING, FL 33870

Title: PD () Delete
Name: CLARK, JOHN
Address: 2324 PINEWOOD BLVD.
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: BROWN, ROBERT
Address: 1225 KILLARNEY DR.
City-St-Zip: SEBRING, FL 33875

Title: D (X) Delete
Name: JUVE, DIANE
Address: 1123 LAKE LOTELA DR.
City-St-Zip: SEBRING, FL 33875

Title: D () Delete
Name: WILSON, CHARLOTTE
Address: 215 MINI RANCH RD.
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: PELLA, PATRICIA S
Address: 136 S. RIDGEWOOD DR.
City-St-Zip: SEBRING, FL

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

Title: PD (X) Change () Addition
Name: LINDSAY, ANNE
Address: 2710 STATE ROAD 17 SOUTH
City-St-Zip: AVON PARK, FL 33825

Title: D (X) Change () Addition
Name: BROWN, ROBERT
Address: 4900 LAKE HAVEN BLVD.
City-St-Zip: SEBRING, FL 33875

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 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: PATRICIA S. PELLA

TD

04/21/2009

Electronic Signature of Signing Officer or Director

Date