

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11098

FILED
Mar 01, 2011
Secretary of State

Entity Name: SEBRING MAIN STREET, INC.

Current Principal Place of Business:

219 NORTH RIDGEWOOD DRIVE
SEBRING, FL 338711243

New Principal Place of Business:

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
Name: PELLA, PATRICIA S
Address: 136 S. RIDGEWOOD DR.
City-St-Zip: SEBRING, FL

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

Title: P
Name: LINDSAY, ANNE
Address: 2710 STATE ROAD 17 SOUTH
City-St-Zip: AVON PARK, FL 33825

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

Title: VP
Name: CLARK, JOHN
Address: 2324 PINEWOOD BLVD.
City-St-Zip: SEBRING, FL 33870

Title: D
Name: LIVINGSTON, CAROLINE
Address: 4628 DUFFER LOOP
City-St-Zip: SEBRING, FL 33872

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA S. PELLA

TD

03/01/2011

Electronic Signature of Signing Officer or Director

Date