2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715071

Entity Name: SEBRING HISTORICAL SOCIETY, INC.

FILED Feb 11, 2014 Secretary of State CC2010905725

Current Principal Place of Business:

321 W. CENTER AVE SEBRING. FL 33870

Current Mailing Address:

321 W. CENTER AVE SEBRING. FL 33870

FEI Number: 23-7248395 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HANCOCK, JANE M. 1921 BEACH DRIVE SEBRING, FL 33870 US

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: JANE M. HANCOCK 02/11/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title	PD	Title	TD

NameLAMPERELLI, GARYNameALTVATER, ALLEN C. IIIAddress139 WINDY POINT ROADAddress49 LAKE HENRY DRIVECity-State-Zip:LAKE PLACID FL 33852City-State-Zip:LAKE PLACID FL 33852

Title SD Title D

NameTREVELYAN, JACQUIENameKITCHINGS, SHIRLEYAddress7203 SPARTA ROADAddress320 MINI RANCH ROADCity-State-Zip:SEBRING FL 33875City-State-Zip:SEBRING FL 33870

Title D Title VPD

Name STOKES, NORMA Name KAHN, MARVIN D.

Address 241 PALMS ESTATE ROAD Address 2741 LAKEVIEW DRIVE
City State Zip: LORIDA EL 33957
City State Zip: SEBRING FL 33870

City-State-Zip: LORIDA FL 33857 City-State-Zip: SEBRING FL 3

Title D. Title D

NameWEBSTER, JACKIENameWALKER, ROBERT J.Address3950 LAKEVIEW DRIVEAddress704 WALKER AVENUECity-State-Zip:SEBRING FL 33870City-State-Zip:SEBRING FL 33870

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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: ALLEN C. ALTVATER, III TREASURER 02/11/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title D.

NameROUSCH, REBECCAAddress927 GREY FOX AVENUECity-State-Zip:SEBRING FL 33875