

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763282

**Entity Name:** SEBRING BRIDGE CLUB, INC.

**Current Principal Place of Business:**

347 FERNLEAF AVE  
SEBRING, FL 33870-3610

**Current Mailing Address:**

347 FERNLEAF AVE  
SEBRING, FL 33870-3610 US

**FEI Number:** 58-2188159

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STAPLES, THOMAS  
836 WILDFLOWER ST  
LAKE PLACID, FL 33852 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:** THOMAS STAPLES

04/11/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SD  
Name MCNANY, BARBARA  
Address 824 GOLFSIDE LANE  
City-State-Zip: SEBRING FL 33872

Title TREASURER  
Name STAPLES, THOMAS  
Address 836 WILDFLOWER STREET  
City-State-Zip: LAKE PLACID FL 33852

Title PRESIDENT  
Name MCDONALD, JERI  
Address PO BOX 2587  
City-State-Zip: LAKE PLACID FL 33862

Title VP  
Name CORDAY, STEVE  
Address 3891 RAIN DANCE  
City-State-Zip: LAKE PLACID FL 33872

Title DIRECTOR  
Name LIPE, JANET  
Address 4200 RAMIRO ST  
City-State-Zip: SEBRING FL 33872

Title DIRECTOR  
Name HARRIS, RUTH  
Address 4100 MULLIGAN CT W  
City-State-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:** THOMAS STAPLES

**TREASURER**

04/11/2013

Electronic Signature of Signing Officer/Director Detail

Date