

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008724

**FILED**  
**Jan 15, 2014**  
**Secretary of State**  
**CC5653469691**

**Entity Name:** SEBRING HALL OF FAME, INC.

**Current Principal Place of Business:**

113 MIDWAY DR.  
SEBRING, FL 33870

**Current Mailing Address:**

113 MIDWAY DR.  
SEBRING, FL 33870

**FEI Number:** 02-0604147

**Certificate of Status Desired:** No

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

SWAINE, J. MICHAEL  
425 S. COMMERCE AVE.  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name STEPHENSON, WILLIAM H III  
Address 113 MIDWAY DR.  
City-State-Zip: SEBRING FL 33870

Title DIRECTOR  
Name BROOKER, LUKE  
Address 3875 ENCHANTED OAKS LANE  
City-State-Zip: SEBRING FL 33875

Title DIRECTOR, SECRETARY-TREASURER  
Name SWAINE, J. MICHAEL  
Address 425 S. COMMERCE AVE.  
City-State-Zip: SEBRING FL 33870

Title DIRECTOR  
Name ANDREWS, MARK  
Address 2871 LAKEVIEW DRIVE  
City-State-Zip: SEBRING FL 33870

Title DIRECTOR  
Name HAVILAND, JOHN  
Address 1307 EDGEWATER POINT DRIVE  
City-State-Zip: SEBRING FL 33870

Title DIRECTOR  
Name HAYWOOD, TAYLOR  
Address 1317 HOTIYEE AVE.  
City-State-Zip: SEBRING FL 33870

Title DIRECTOR, PRESIDENT  
Name SHOOP, JOHN  
Address 2661 LAKEVIEW DRIVE  
City-State-Zip: SEBRING FL 33870

Title DIRECTOR, VP  
Name BARBEN, JOHN  
Address P.O. BOX 789  
City-State-Zip: AVON PARK FL 33826

**Continues on page 2**

*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:** J. MICHAEL SWAINE

**ST**

**01/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KEIBER, SHARON  
Address 2841 LAKEVIEW DRIVE  
City-State-Zip: SEBRING FL 33870

Title DIRECTOR  
Name WILDSTEIN, ALAN J  
Address 2003 U.S. 27 S  
City-State-Zip: SEBRING FL 33870

Title DIRECTOR  
Name BISHOP, SUSANNA  
Address 128 MINI RANCH ROAD  
City-State-Zip: SEBRING FL 33870