

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11098

FILED
Apr 24, 2014
Secretary of State
CC3532889858

Entity Name: SEBRING MAIN STREET, INC.

Current Principal Place of Business:

219 NORTH RIDGEWOOD DRIVE
SEBRING, FL 33871-1243

Current Mailing Address:

219 NORTH RIDGEWOOD DRIVE
P.O. BOX 1243
SEBRING, FL 33871-1243

FEI Number: 59-2626645

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

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

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

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

Title DIRECTOR
Name HARTLINE, JESSICA
Address ALLSTATE INSURANCE
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name DRESSEL, KELLY
Address PRESCOTT PEST CONTROL
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name SWAINE, WILL
Address SWAINE AND LEIDEL WEALTH SERVICES
City-State-Zip: SEBRING FL 33870

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: PATRICIA S PELLA

TREASURER

04/24/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name TRAVERS, BECKY
Address WOODLAWN ELEMENTARY
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name WENTWORTH, JOHN
Address 2824 US HIGHWAY 27 S
City-State-Zip: SEBRING FL 33870