

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

DOCUMENT# N11098

**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 PINEWOOD BLVD.
City-State-Zip:	SEBRING FL 33870

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

Title	DIRECTOR
Name	MCCLELLAND, JOYCE
Address	SCHOOL BOARD OF HIGHLANDS COUNTY
City-State-Zip:	SEBRING FL 33870

Title	DIRECTOR
Name	NELSON, BRENDA
Address	STEPHENSON NELSON FUNERAL HOME
City-State-Zip:	AVON PARK FL 33825

Title	DIRECTOR
Name	HARTLINE, JESSICA
Address	ALLSTATE INSURANCE
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

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04/18/2013

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

**Officer/Director Detail Continued :**

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

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

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

Title DIRECTOR  
Name LUTZ, MEREDITH  
Address FLORIDA HOSPITAL  
City-State-Zip: SEBRING FL 33870