

2015 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	DIRECTOR
Name	LIVINGSTON, CAROLINE
Address	4628 DUFFER LOOP
City-State-Zip:	SEBRING FL 33872
Title	DIRECTOR
Name	DRESSEL, KELLY
Address	PRESCOTT PEST CONTROL 930 GREY FOX AVE
City-State-Zip:	SEBRING FL 33875
Title	SECRETARY
Name	TRAVERS, BECKY
Address	WOODLAWN ELEMENTARY 111 MINI RANCH RD
City-State-Zip:	SEBRING FL 33870

Title	D
Name	BROWN, ROBERT
Address	4900 LAKE HAVEN BLVD.
City-State-Zip:	SEBRING FL 33875
Title	PRESIDENT
Name	HARTLINE, JESSICA
Address	ALLSTATE INSURANCE 3110 SUNRISE DR
City-State-Zip:	SEBRING FL 33872
Title	VP
Name	SWAINE, WILL
Address	SWAINE AND LEIDEL WEALTH SERVICES 9534 WISPYWOODS DR
City-State-Zip:	SEBRING FL 33875
Title	DIRECTOR
Name	PAUZE, JENNIFER
Address	4524 TARREGA ST
City-State-Zip:	SEBRING FL 33872

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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: PATRICIA PELLA**TREASURER****04/22/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DESHAZO, ANGELINE
Address 205 W CENTER AV
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name CLARK, BOBBIE
Address 2324 PINEWOOD BLVD
City-State-Zip: SEBRING FL 33870