

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# N11098

**Apr 04, 2019**

**Entity Name:** SEBRING MAIN STREET, INC.

**Secretary of State  
7262665549CC**

**Current Principal Place of Business:**

219 NORTH RIDGEWOOD DRIVE  
SEBRING, FL 33871-1243

**Current Mailing Address:**

P.O. BOX 1243  
SEBRING, FL 33871-1243 US

**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            PRESIDENT  
Name            HARTLINE, JESSICA  
Address        2151 U.S. 27 SOUTH  
City-State-Zip: SEBRING FL 33870

Title            VP  
Name            SWAINE, WILL  
Address        145 WEST CENTER AVENUE  
City-State-Zip: SEBRING FL 33870

Title            DIRECTOR  
Name            TRAVERS, BECKY  
Address        111 MINI RANCH RD  
City-State-Zip: SEBRING FL 33870

Title            TREASURER  
Name            PAUZE, JENNIFER  
Address        4524 TARREGA ST  
City-State-Zip: SEBRING FL 33872

Title            DIRECTOR  
Name            DESHAZO, ANGELINE  
Address        229 S COMMERCE AV  
City-State-Zip: SEBRING FL 33870

Title            SECRETARY  
Name            CLARK, BOBBIE  
Address        290 BLUEBERRY ROAD  
City-State-Zip: SEBRING FL 33872

Title            DIRECTOR  
Name            PRESCOTT, JADY  
Address        2719 ALT 27 SOUTH  
City-State-Zip: SEBRING FL 33870

Title            DIRECTOR  
Name            LILES, SARAH  
Address        832 GARLAND AVENUE  
City-State-Zip: SEBRING FL 33875

**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 WILL SWAINE**

**VICE PRESIDENT**

**04/04/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR

Name            DRESSEL, KELLY

Address        P.O. BOX 1243

City-State-Zip: SEBRING FL 33871-1243