## 2018 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:** 

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

Date

FILED Mar 09, 2018

**Secretary of State** 

CC8839624222

Officer/Director Detail:

Title PRESIDENT

Name HARTLINE, JESSICA

Address 4325 SUN N LAKE BLVD

SUITE 101

City-State-Zip: SEBRING FL 33872

Title SECRETARY

Name TRAVERS, BECKY
Address 111 MINI RANCH RD

City-State-Zip: SEBRING FL 33870

Only Otate Zip. OLDINITO 12 0007

Title DIRECTOR

Name DESHAZO, ANGELINE

Address 205 W CENTER AV

City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name KULICK, BETH

Address 2581 LAKEVIEW DRIVE

City-State-Zip: SEBRING FL 33870

VP

Title

Name SWAINE, WILL

Address 145 WEST CENTER AVENUE

City-State-Zip: SEBRING FL 33870

Title TREASURER

Name PAUZE, JENNIFER

Address 4524 TARREGA ST

City-State-Zip: SEBRING FL 33872

Title DIRECTOR

Name CLARK, BOBBIE

Address 290 BLUEBERRY ROAD

City-State-Zip: SEBRING FL 33872

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 03/09/2018