

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11098

FILED
Jan 28, 2020
Secretary of State
2728466555CC

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:

SWAINE, ROBERT S
425 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: ROBERT S SWAINE

01/28/2020

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: WILL SWAINE

VICE PRESIDENT

01/28/2020

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