

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14810

Entity Name: SEBRING SUNRISE ROTARY CLUB, INC.**Current Principal Place of Business:**C/O MACBETH, J. ROSS
2543 U.S. 27 SOUTH
SEBRING, FL 33870**Current Mailing Address:**C/O MACBETH, J. ROSS
2543 U.S. 27 SOUTH
SEBRING, FL 33870 US**FEI Number: 59-2704818****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SCHOMMER, NICHOLAS
329 SOUTH 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 TREASURER, DIRECTOR
Name ROBERTS, GARRETT S
Address 4070 LAKEVIEW DRIVE
City-State-Zip: SEBRING FL 33870

Title IMMEDIATE PAST PRESIDENT,
DIRECTOR
Name HEINTZ, KIM
Address 627 MARAVILLA AVENUE
City-State-Zip: SEBRING FL 33875

Title DIRECTOR
Name HACKER, KEVIN
Address 413 MAGNOLIA AVE.
City-State-Zip: SEBRING FL 33870

Title PRESIDENT, DIRECTOR
Name WEISER, DEBRA
Address 230 SEBRING SQUARE
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name MACBETH, JOSEPH R
Address 2543 U.S. HIGHWAY 27 SOUTH
City-State-Zip: SEBRING FL 33870

Title PRESIDENT-ELECT, DIRECTOR
Name KAMPMAN, BRIAN
Address 4715 US HWY 27 SOUTH
City-State-Zip: SEBRING FL 33870

Title VICE-PRESIDENT, DIRECTOR
Name GRIFFIN, MATTHEW W
Address 9142 CR 635
City-State-Zip: SEBRING FL 33875

Title SERGEANT-AT-ARMS, DIRECTOR
Name SMITH, GLENN A
Address P.O. BOX 1627
City-State-Zip: LAKE PLACID FL 33852

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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: JOSEPH R MACBETH**DIRECTOR****08/10/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HOLLEN, WESLEY
Address 4009 SANTA BARBARA DRIVE
City-State-Zip: SEBRING FL 33875

Title SECRETARY, DIRECTOR
Name POLSTON, ROGER DALE
Address 1204 TASESCHEE DRIVE
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name BOYD, WILLIAM K
Address 3501 MONZA DRIVE
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name SCHULER, SHARON G
Address 140 E CIRCLE STREET
City-State-Zip: AVON PARK FL 33825

Title DIRECTOR
Name HESSELINK, ROBERT L
Address 225 DON DRIVE
City-State-Zip: SEBRING FL 33870