

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14810

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC9516403345**

**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           GAVARRETE, RAMON D  
Address        209 FIAT AVENUE  
City-State-Zip: SEBRING FL 33872

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

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

Title           PRESIDENT, DIRECTOR  
Name           WHEELOCK, CHRISTINA  
Address        15 N. ROSEWOOD AVE.  
City-State-Zip: AVON PARK FL 33825

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

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

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

Title           DIRECTOR  
Name           BOURGOIN, RYAN  
Address        5333 IVORY DRIVE  
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: JOSEPH R MACBETH**

**DIRECTOR**

**04/30/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           O'BRIEN, MERRITT  
Address        2706 GREENACRE DRIVE  
City-State-Zip: SEBRING FL 33872

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