

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

DOCUMENT# N14810

**Entity Name:** SEBRING SUNRISE ROTARY CLUB, INC.**Current Principal Place of Business:**C/O E. MARK BREED  
325 N. COMMERCE AVE  
SEBRING, FL 33870**Current Mailing Address:**C/O E. MARK BREED  
325 N. COMMERCE AVE  
SEBRING, FL 33870 US**FEI Number: 59-2704818****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BREED, E. MARK  
325 N. 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: E. MARK BREED****02/21/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title            TREASURER, DIRECTOR  
Name           STEWART, JOSH  
Address        2714 KENILWORTH BLVD  
City-State-Zip: SEBRING FL 33870Title            PAST PRESIDENT-ELECT, DIRECTOR  
Name           KAMPMAN, BRIAN  
Address        4715 US HWY 27 SOUTH  
City-State-Zip: SEBRING FL 33870Title            PRESIDENT, DIRECTOR  
Name           GRIFFIN, MATTHEW W  
Address        9142 CR 635  
City-State-Zip: SEBRING FL 33875Title            SECRETARY, DIRECTOR  
Name           POLSTON, ROGER DALE  
Address        1204 TASESCHEE DRIVE  
City-State-Zip: SEBRING FL 33870Title            DIRECTOR  
Name           HESSELINK, ROBERT L  
Address        225 DON DRIVE  
City-State-Zip: SEBRING FL 33870Title            SERGEANT-AT-ARMS, DIRECTOR  
Name           SCHULER, SHARON G  
Address        140 E. CIRCLE ST.  
City-State-Zip: AVON PARK FL 33825Title            DIRECTOR  
Name           HEINTZ, KIMBERLY A.  
Address        627 MARAVILLA AVE.  
City-State-Zip: SEBRING FL 33875

*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: MATTHEW W GRIFFIN****PRESIDENT****02/21/2019**

Electronic Signature of Signing Officer/Director Detail

Date