### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14810

Entity Name: SEBRING SUNRISE ROTARY CLUB, INC.

FILED Feb 13, 2018 Secretary of State CC8941825654

## **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 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: E. MARK BREED 02/13/2018

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title TREASURER, DIRECTOR Title DIRECTOR STEWART, JOSH Name Name HACKER, KEVIN Address 2714 KENILWORTH BLVD Address 413 MAGNOLIA AVE. SEBRING FL 33870 City-State-Zip: SEBRING FL 33870 City-State-Zip:

Title PAST PRESIDENT-ELECT, DIRECTOR Title PRESIDENT, DIRECTOR
Name KAMPMAN, BRIAN Name GRIFFIN, MATTHEW W

Address 4715 US HWY 27 SOUTH Address 9142 CR 635

City-State-Zip: SEBRING FL 33870 City-State-Zip: SEBRING FL 33875

TitleSERGEANT-AT-ARMS, DIRECTORTitleSECRETARY, DIRECTORNameSMITH, GLENN ANamePOLSTON, ROGER DALEAddressP.O. BOX 1627Address1204 TASESCHEE DRIVE

City-State-Zip: LAKE PLACID FL 33852 City-State-Zip: SEBRING FL 33870

Title DIRECTOR

Name HESSELINK, ROBERT L

Address 225 DON DRIVE
City-State-Zip: SEBRING FL 33870

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: JOSH STEWART TREASURER 02/13/2018