

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14810

**FILED**  
**Mar 19, 2020**  
**Secretary of State**  
**8835141047CC**

**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

03/19/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER, DIRECTOR  
Name           STEWART, JOSH  
Address        2714 KENILWORTH BLVD  
City-State-Zip: SEBRING FL 33870

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

Title           PRESIDENT, DIRECTOR  
Name           BITTES-FRIETES, ANNA  
Address        2120 PASCO DR  
City-State-Zip: SEBRING FL 33870

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

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

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

Title           DIRECTOR  
Name           MARTZ, SHAWN  
Address        5000 ST RD 66  
City-State-Zip: SEBRING FL 33875

Title           PRESIDENT-ELECT DIRECTOR  
Name           MCGEE, KELLY  
Address        2429 GEORGIA ST  
City-State-Zip: SEBRING FL 33870

**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:** JOSH STEWART

**TREASURER**

03/19/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name BOYD, WILLIAM  
Address 3501 MONZA DR  
City-State-Zip: SEBRING FL 33872

Title DIRECTOR  
Name ZWAYER, ERIC T  
Address 231 ROBIN AVE  
City-State-Zip: SEBRING FL 33872

Title DIRECTOR  
Name TELESKY, MARITZA  
Address 5716 REDWOOD TERR  
City-State-Zip: SEBRING FL 33876