

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49804

**Entity Name:** GREATER SEBRING CHAMBER OF COMMERCE, INC.**Current Principal Place of Business:**227 US 27 NORTH  
SEBRING, FL 33870**Current Mailing Address:**227 US 27 NORTH  
SEBRING, FL 33870 US**FEI Number: 59-0532480****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DRURY-SMITH, TENILLE M PRESIDENT/CEO  
227 US 27 NORTH  
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: TENILLE M DRURY-SMITH****01/21/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title DIRECTOR  
Name DAVIS, MARCIA  
Address 227 US 27 NORTH  
City-State-Zip: SEBRING FL 33870Title DIRECTOR  
Name DANZEY, RYAN  
Address 227 US 27 NORTH  
City-State-Zip: SEBRING FL 33870Title DIRECTOR  
Name MCCOY, JAMES  
Address 227 US 27 NORTH  
City-State-Zip: SEBRING FL 33870Title DIRECTOR  
Name AYALA, MARITZA  
Address 227 US 27 NORTH  
City-State-Zip: SEBRING FL 33870Title SECRETARY  
Name PIERSON, LINDSEY  
Address 227 US HIGHWAY 27 NORTH  
City-State-Zip: SEBRING FL 33872Title CHAIR ELECT  
Name ROBERTS, GARRETT  
Address 227 US 27 NORTH  
City-State-Zip: SEBRING FL 33870Title DIRECTOR  
Name JOLES, JONATHAN  
Address 227 US 27 NORTH  
City-State-Zip: SEBRING FL 33870Title DIRECTOR  
Name STORY, JOHN  
Address 227 US 27 NORTH  
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: DRURY-SMITH, TENILLE****PRESIDENT & CEO****01/21/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           COSGRAVE, BRIAN  
Address       227 US 27 NORTH  
City-State-Zip: SEBRING FL 33870

Title           TREASURER  
Name           TIMMONS, SARAH  
Address       227 US HIGHWAY 27 NORTH  
City-State-Zip: SEBRING FL 33872

Title           CHAIR  
Name           SAPP, SHANNON  
Address       227 US HIGHWAY 27 NORTH  
City-State-Zip: SEBRING FL 33872

Title           DIRECTOR  
Name           WILLEY, ALLISON  
Address       227 US HIGHWAY 27 NORTH  
City-State-Zip: SEBRING FL 33872

Title           PRESIDEN/CEO  
Name           DRURY-SMITH, TENILLE  
Address       227 US 27 NORTH  
City-State-Zip: SEBRING FL 33870

Title           PAST CHAIR  
Name           LAMERE, MIKE  
Address       227 US HIGHWAY 27 NORTH  
City-State-Zip: SEBRING FL 33872

Title           VICE CHAIR  
Name           MCINTYRE, KENDALL  
Address       227 US HIGHWAY 27 NORTH  
City-State-Zip: SEBRING FL 33872

Title           DIRECTOR  
Name           STAFFIERI, SUSAN  
Address       227 US HIGHWAY 27 NORTH  
City-State-Zip: SEBRING FL 33872