


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Aug 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # 702060 1. Entity Name SEBRING FIREMEN'S BENEVOLENT ASSOCIATION, INC.		
Principal Place of Business 301 N. MANGO ST. SEBRING, FL 33870	Mailing Address 301 N. MANGO ST. SEBRING, FL 33870	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MC GEE, WILLIAM M 4410 LAFAYETTE AVE SEBRING, FL 33870		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Wm M McGee</i></u> DATE: <u>8/2/05</u> <small>Signature, typed or printed name of registered agent and type if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACKAY, MARTIN 301 MANGO STREET SEBRING, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MC GEE, WILLIAM M 301 N. MANGO SEBRING, FL 33870	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAYNES, K. 301 MANGO STREET SEBRING, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u><i>Wm. M. McGee</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>8/2/05</u> Date <u>863-471-5105</u> Daytime Phone #



08032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1030418	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

1000000376021
08/09/05-80002-019 \$1.25