SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $295)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 11:46

DOCUMENT # **710400** **(3)**

1. Corporation Name
SEBRING TOURIST CLUB, INC.

Principal Place of Business	Mailing Address
POMEGRANATE & LIME STREETS POST OFFICE BOX 902 SEBRING FL 33871	POMEGRANATE & LIME STREETS POST OFFICE BOX 902 SEBRING FL 33871

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1966
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1144396 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

9. Name and Address of Current Registered Agent

KNEPP, NOAH
2332 BURNING TREE CIRCLE DR.
SEBRING FL 33872

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	KNEPP, NOAH	12 NAME	
STREET ADDRESS	2332 BURNING TREE CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	ZIMFELMAN, JANET	22 NAME	
STREET ADDRESS	2903 WALLACE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LOVELAND, FRANK R	32 NAME	
STREET ADDRESS	4450 DESOTO RD. LOT 79	33 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☒ Change ☐ Addition
NAME	HEARNS, ELMYRA J	42 NAME	VP EVALIN B GRAVES
STREET ADDRESS	208 WOODBINE DR.	43 STREET ADDRESS	2900 ST. RD. 17 N LOT 31
CITY-ST-ZIP	SEBRING FL 33872	44 CITY-ST-ZIP	SEBRING, FL, 33870
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BISHOP, ROY	52 NAME	
STREET ADDRESS	620 POMEGRANATE	53 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☒ Change ☐ Addition
NAME	RENISH, KEITH J	62 NAME	TOE LOSS GRAVES
STREET ADDRESS	4305 VANTAGE CIRCLE	63 STREET ADDRESS	2900 ST RD. 17 N LOT 31
CITY-ST-ZIP	SEBRING FL 33872	64 CITY-ST-ZIP	SEBRING, FL. 33870

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: EVALIN B. GRAVES VP — 6/9/95 — 382-0776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014113