2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# 710400

Entity Name: SEBRING RECREATION CLUB, INC.

Current Principal Place of Business:

333 POMEGRANATE AVE
SEBRING, FL 33871 US

New Principal Place of Business:

Current Mailing Address:

333 POMEGRANATE AVE
SEBRING, FL 33871 US

New Mailing Address:

FEI Number: 59-1144396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STRAUB, EDWARD
6750 US 27 N V-10-A
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STRAUB, EDWARD
Address: 6750 US 27 B V-10-A
City-St-Zip: SEBRING, FL 33870

Title: 1VP ( ) Delete
Name: HANN, BEVERLY
Address: 4719 SAGO PALM DR.
City-St-Zip: SEBRING, FL 33870

Title: T ( ) Delete
Name: KISEL, GEORGE
Address: 3834 SUNBIRD CIRCLE
City-St-Zip: SEBRING, FL 33872

Title: 2VP ( ) Delete
Name: WILE, CARL
Address: 3721 CAMARY CT
City-St-Zip: SEBRING, FL 33872

Title: D ( ) Delete
Name: MONDRY, JAMES
Address: 2131 LAKEVIEW DR #308
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete
Name: CHAMBERLAIN, CHAPMAN JR
Address: 4105 US 27 SOUTH
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CHAMBERLAIN, CHAPMAN JR
Address: 4401 ELSON AVE
City-St-Zip: SEBRING, FL 33875

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GEORGE KISEL T 01/07/2009

Electronic Signature of Signing Officer or Director — Date