

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740651

FILED
Apr 27, 2009
Secretary of State

Entity Name: SEBRING HOUSING RESEARCH & DEVELOPMENT, INC

Current Principal Place of Business:

1800 TANGERINE AVE.
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 431
SEBRING, FL 33870

New Mailing Address:

FEI Number: 59-1786646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRINGER, ANDREW
219 ATTERBERRY DRIVE
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: STRINGER, ANDREW
Address: 219 ATTERBURY DRIVE
City-St-Zip: SEBRING, FL 33870

Title: V () Delete
Name: MCCRAY, LYNN
Address: 4255 STURGEONE DRIVE
City-St-Zip: SEBRING, FL 33870

Title: S () Delete
Name: JOHNSON, VIVIAN
Address: 554 VALINCIA STREET
City-St-Zip: SEBRING, FL 33870

Title: VT () Delete
Name: WALKER, BARBARA
Address: 920 BOOKER AVE
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: LATTY, EDNA
Address: 1875 MARTIN LUTHER KING TERRACE
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:

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: ANDREW STRINGER

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date