


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90025 003 ****61.25

DOCUMENT # 755337	
1. Entity Name SEBRING GRACE BRETHREN CHURCH, INC.	

Principal Place of Business 3626 THUNDERBIRD ROAD SEBRING, FL 33872	Mailing Address 3626 THUNDERBIRD ROAD SEBRING, FL 33872
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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07072006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-2229674	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ANDERSON, WENDELL D
15 NOTRE DAME ST
LAKE PLACID, FL 33852**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, RANDALL DR	
STREET ADDRESS	1033 5TH AVE	
CITY-ST-ZIP	SEBRING, FL 33875	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, WENDELL D	
STREET ADDRESS	15 NOTRE DAME ST	
CITY-ST-ZIP	LAKE PLACID, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, DENNIS	
STREET ADDRESS	725 LIN RD	
CITY-ST-ZIP	SEBRING, FL 33876	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESHELMAN, KIRK	
STREET ADDRESS	336 PELICAN AVE.	
CITY-ST-ZIP	SEBRING, FL 33872	
TITLE	D	<input type="checkbox"/> Delete
NAME	FITCH, EDWIN	
STREET ADDRESS	839 GARLAND AVE.	
CITY-ST-ZIP	SEBRING, FL 33872	
TITLE	S	<input type="checkbox"/> Delete
NAME	ESHELMAN, ILENE	
STREET ADDRESS	336 PELICAN AVE	
CITY-ST-ZIP	SEBRING, FL 33872	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: W.D. Anderson, Jr. **7-9-06** **863-653-3153**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #