

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 759969 (9)

1. Corporation Name

SEBRING COMMUNITY CHURCH, INC.

Principal Place of Business

1130 STATE ROAD 17 N  
SEBRING FL 33870-3065

Mailing Address

1130 STATE ROAD 17 N  
SEBRING FL 33870-30653. Date Incorporated or Qualified  
09/11/19813a. Date of Last Report  
03/06/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

4. FEI Number

59-2295664

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JANUTOLO, EARL E  
4343-4E 1ST SCHUMACHER RD  
SEBRING FL 33872

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JANUTOLO, EARL E.	
STREET ADDRESS	4343-4 E SCHUMACHER	
CITY-ST-ZIP	SEBRING, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOOLET, LYLE	
STREET ADDRESS	4343-12 W SCHUMACHER	
CITY-ST-ZIP	SEBRING, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, GERAL S.	
STREET ADDRESS	632 TASESCHEE DRIVE	
CITY-ST-ZIP	SEBRING, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, GLEN	
STREET ADDRESS	2326 BURNING CIR	
CITY-ST-ZIP	SEBRING, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, JOHN	
STREET ADDRESS	707 TRIUMPH DRIVE	
CITY-ST-ZIP	SEBRING FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ROBILLARD, GEORGE	
STREET ADDRESS	3381 HARBOR BEACH DRIVE	
CITY-ST-ZIP	LAKE WALES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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:

Gerald S. Smith, Gerald S. Smith

9/4/97

941-471-0656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0054191

CR2E037 (9/96)