

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 761646**

1. Entity Name  
**SEBRING FIREMEN, INC.**



Principal Place of Business  
**301 NORTH MANGO  
SEBRING, FL 33870**

Mailing Address  
**301 NORTH MANGO  
SEBRING, FL 33870**



02022005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2967829**

Applied For  
Not Applicable

6. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SWAIN, J MICHAEL  
245 SOUTH COMMERCE  
SEBRING, FL 33870**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHOOP, JOHN 301 N. MANGO ST SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCGEE, KELLY 301 N. MANGO ST. SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SPIEGEL, JOHNATHAN 301 N. MANGO SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TRAVERS, DAVE 301 N MANGO SEBRING, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000248132  
02/28/05-890388-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I 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 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:** *DAVE TRAVERS* **DAVE TRAVERS**

**2-24-05**

**863-655-1600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #