


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

DO NOT WRITE IN THIS SPACE



02022005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-2967829 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is \$81.25
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	

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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 SHOWING OFFICER OR DIRECTOR Date Daytime Phone #