

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N01000008850

1. Entity Name  
THE ROTARY CLUB OF SEBRING CHARITIES, INC.



Principal Place of Business  
300 NORTH CIRCLE  
SEBRING, FL 33870

Mailing Address  
P.O. BOX 527  
SEBRING, FL 33871

**DO NOT WRITE IN THIS SPACE**

**FILED  
Apr 22, 2005 8:00 am  
Secretary of State**

04-22-2005 90274 025 \*\*\*\*61.25

**ZUU4147b**



04202005 No Chg-NP CR2E037 (10/03)

4. FEI Number 41-2038179	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

NUNNALLEE, THOMAS L  
325 NORTH COMMERCE AVENUE  
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 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 PD  
NAME STUPINSKI, GREGG W  
STREET ADDRESS 4022 WESTMINSTER ROAD  
CITY-ST-ZIP SEBRING, FL 33872

TITLE VD  
NAME ROTH, JEFFREY L  
STREET ADDRESS 2482 NORTH PRIMROSE ROAD  
CITY-ST-ZIP AVON PARK, FL 33825

TITLE SD  
NAME BIELEFELD, VERNON H  
STREET ADDRESS 1535 SHAMROCK DRIVE  
CITY-ST-ZIP SEBRING, FL 33872

TITLE TD  
NAME LYBARGER, BRUCE J  
STREET ADDRESS 1417 CRESCENT DRIVE  
CITY-ST-ZIP SEBRING, FL 33870

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Bruce Lybarger** BRUCE LYBARGER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2005 863-385-8850  
Date Daytime Phone #