

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

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

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

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

20041476



04202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

NUNNALLEE, THOMAS L
325 NORTH COMMERCE AVENUE
SEBRING, FL 33870

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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	

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

4/19/2005
Date

863-385-8850
Daytime Phone #