

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90204 021 ****61.25

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| 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 | | |
| 2. Principal Place of Business <i>226 S. RIDGEWOOD DRIVE</i> | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State SEBRING FL 33870 | | | City & State | | |
| Zip 33870-3339 | | Country USA | | 4. FEI Number 41-2038179 | |
| 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 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when restate) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD STUPINSKI, GREGG W 4022 WESTMINSTER ROAD SEBRING, FL 33872 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD ROTH, JEFFREY L 2482 NORTH PRIMROSE ROAD AVON PARK, FL 33825 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD BIELEFELD, VERNON H 1535 SHAMROCK DRIVE SEBRING, FL 33872 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD LYBARGER, BRUCE J 1417 CRESCENT DRIVE SEBRING, FL 33870 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Bruce J Lybarger</i> BRUCE LYBARGER <i>4/21/2006</i> <i>863-385-8850</i> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |