2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N03000001646 02-24-2005 90038 010 ****61.25 SEBRING FE CHAPTER, SPEBSQSA, INC. Principal Place of Business Mailing Address **163 HILLCREST DR** 163 HILLCREST DR AVON PARK, FL 33825 AVON PARK, FL 33825 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 47-0915604 Applied For Not Applicable Żip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent wick 6-LLBERT MEEKER, KERRY D Street Address (P.O. Box Number is Not Acceptable) 163 HILLCREST DR AVON PARK, FL 33825 CITY AVON PARK 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 (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Addition THOMPSON, JAMES NAME NAME STREET ADDRESS 4033 CARTER CREEK RD STREET ADDRESS CITY-ST-ZIP AVON PARK, FL 33825 CITY-ST-ZIP TD TITLE WICK, LILBERT W. Delete TITLE Change ☐ Addition MEEKER, KERRY D NAME NAME 3120 S. PRESTWICK DR AUON PARK, FL 33825 STREET ADDRESS 163 HILLCREST DRIVE STREET ADDRESS AVON PARK, FL 33825 CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition THOMPSON, JAMES NAME NAME 4033 CARTER CREEK ROAD STREET ADDRESS STREET ADDRESS AVON PARK, FL 33825 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME BURKE, GERALD NAME STREET ADDRESS 1852 US HWY 27 SOUTH, LOT C-04 STREET ADDRESS AVON PARK, FL 33825 CITY-ST-ZIP CITY-ST-ZIP MLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP 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.

- Will GILBERT W. WICK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2-12-05

(863) 386-4041

FILED

Feb 24, 2005 8:00 am