

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004178

FILED
May 13, 2009
Secretary of State

Entity Name: SEBRING SUNRISE ROTARY CLUB CHARITIES, INC.

Current Principal Place of Business:

2543 US 27 SOUTH
C/O J. ROSS MACBETH
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

2543 US 27 SOUTH
C/O J. ROSS MACBETH
SEBRING, FL 33870

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BREED, E. MARK III
325 N. COMMERCE AVE.
SEBRING, FL 338703206 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SWAINE, WILL
Address: 611 US 27 SOUTH
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: ROUSCH, JOHN
Address: 927 GREY FOX AVE.
City-St-Zip: SEBRING, FL 33875

Title: D () Delete
Name: MACBETH, J. ROSS
Address: 2543 US 27 SOUTH
City-St-Zip: SEBRING, FL 33870

Title: D (X) Delete
Name: CROWDER, CRAIG
Address: 4013 LAKE HAVEN BLVD.
City-St-Zip: SEBRING, FL 33875

Title: D (X) Delete
Name: BORING, CHIP
Address: 3859 ENCHANTED OAKS LANE
City-St-Zip: SEBRING, FL 33875

Title: D (X) Delete
Name: COOL, CARL
Address: 1120 LAKE LOTELA DR.
City-St-Zip: AVON PARK, FL 33825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GAVARRETE, RAMON D
Address: 209 FIAT AVENUE
City-St-Zip: SEBRING, FL 33872

Title: D (X) Change () Addition
Name: COUGHLIN, PETER L
Address: 2754 TREASURE CAY LANE
City-St-Zip: SEBRING, FL 33875

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMON D. GAVARRETE

D

05/13/2009

Electronic Signature of Signing Officer or Director

Date