

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 21, 2009  
Secretary of State

DOCUMENT# N11098

Entity Name: SEBRING MAIN STREET, INC.

**Current Principal Place of Business:**

219 NORTH RIDGEWOOD DRIVE  
P.O. BOX 1243  
SEBRING, FL 338711243

**New Principal Place of Business:**

219 NORTH RIDGEWOOD DRIVE  
SEBRING, FL 338711243

**Current Mailing Address:**

219 NORTH RIDGEWOOD DRIVE  
P.O. BOX 1243  
SEBRING, FL 338711243

**New Mailing Address:**

FEI Number: 59-2626645      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHOMMER, NICHOLAS G.  
329 S. COMMERCE AVENUE  
SEBRING, FL 33870 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: TD ( ) Delete  
Name: PELLA, PATRICIA S  
Address: 136 S. RIDGEWOOD DR.  
City-St-Zip: SEBRING, FL

Title: D ( ) Delete  
Name: CROWDER, CRAIG  
Address: 205 W. CENTER AVE.  
City-St-Zip: SEBRING, FL 33870

Title: PD ( ) Delete  
Name: CLARK, JOHN  
Address: 2324 PINEWOOD BLVD.  
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete  
Name: BROWN, ROBERT  
Address: 1225 KILLARNEY DR.  
City-St-Zip: SEBRING, FL 33875

Title: D (X) Delete  
Name: JUVE, DIANE  
Address: 1123 LAKE LOTELA DR.  
City-St-Zip: SEBRING, FL 33875

Title: D ( ) Delete  
Name: WILSON, CHARLOTTE  
Address: 215 MINI RANCH RD.  
City-St-Zip: SEBRING, FL 33870

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: PELLA, PATRICIA S  
Address: 136 S. RIDGEWOOD DR.  
City-St-Zip: SEBRING, FL

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

Title: PD (X) Change ( ) Addition  
Name: LINDSAY, ANNE  
Address: 2710 STATE ROAD 17 SOUTH  
City-St-Zip: AVON PARK, FL 33825

Title: D (X) Change ( ) Addition  
Name: BROWN, ROBERT  
Address: 4900 LAKE HAVEN BLVD.  
City-St-Zip: SEBRING, FL 33875

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: PATRICIA S. PELLA

TD

04/21/2009

Electronic Signature of Signing Officer or Director

Date