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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14509 (6)
1. Corporation Name
SEBRING SPECIAL EVENTS COMMITTEE, INC.



Principal Place of Business 309 S. CIRCLE AVENUE SEBRING FL 33871-0084	Mailing Address 309 S. CIRCLE AVENUE SEBRING FL 33870-3314
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3. Date Incorporated or Qualified 04/22/1986	3a. Date of Last Report 07/15/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 1B55 US 27 N
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 29
	30

4. FEI Number 59-2954678	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MCCOLLUM, JAMES F.
129 SOUTH COMMERCE AVENUE
SEBRING FL 33870**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	SPIEGEL, JON
STREET ADDRESS	204 N CIRCLE AVE
CITY-ST-ZIP	SEBRING FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	MEDER, JOHN
STREET ADDRESS	3750 US 27 NORTH
CITY-ST-ZIP	SEBRING FL 33870
TITLE	T <input type="checkbox"/> DELETE
NAME	DUNCAN, BOB
STREET ADDRESS	6801 US 27 NORTH
CITY-ST-ZIP	SEBRING FL 33870
TITLE	D <input type="checkbox"/> DELETE
NAME	BASHARA, JUDY
STREET ADDRESS	204 N. CIRCLE AVE
CITY-ST-ZIP	SEBRING FL 33870
TITLE	P <input type="checkbox"/> DELETE
NAME	RICHARDSON, JAMES
STREET ADDRESS	4113 NAVARRE AVE.
CITY-ST-ZIP	SEBRING FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MEEKINS, TOM
STREET ADDRESS	301 JAY AVE
CITY-ST-ZIP	SEBRING FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	4016 MYRTLE STREET
5.4 CITY-ST-ZIP	SEBRING FL 33870
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **1-29-97 941 3858838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064268

CR2E037 (9/96)