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Jun 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

1855 U.S. 27 NORTH  
SEBRING FL 33871-0084  
US

Mailing Address

309 S. CIRCLE AVENUE  
SEBRING FL 33871-0084

3. Date Incorporated or Qualified

04/22/1986

4. FEI Number

59-2954678

Applied For

Not Applicable

2. Principal Place of Business

21 204 N. CIRCLE AVE

Suite, Apt. #, etc

22

City & State

23 SEBRING, FL

Zip

24 33870

Country

25 US

2a. Mailing Address

26 204 N. CIRCLE AVE.

Suite, Apt. #, etc.

27

City & State

28 SEBRING, FL

Zip

29 33870

Country

30 US

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?



Yes



No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.



Yes



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

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SPIEGEL, JON  
STREET ADDRESS 204 N CIRCLE AVE  
CITY-ST-ZIP SEBRING FL

TITLE VP ☐ DELETE

NAME MEDER, JOHN  
STREET ADDRESS 3750 US 27 NORTH  
CITY-ST-ZIP SEBRING FL 33870

TITLE T ☒ DELETE

NAME DUNCAN, BOB  
STREET ADDRESS 6801 US 27 NORTH  
CITY-ST-ZIP SEBRING FL 33870

TITLE D ☐ DELETE

NAME BASHARA, JUDY  
STREET ADDRESS 204 N. CIRCLE AVE  
CITY-ST-ZIP SEBRING FL 33870

TITLE P ☒ DELETE

NAME RICHARDSON, JAMES  
STREET ADDRESS 4016 MYRTLE STREET  
CITY-ST-ZIP SEBRING FL

TITLE D ☐ 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 P ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☒ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

T/S  
Linda P. Pante  
1839 Kist Caline Ave  
Sebring, FL 33870

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

000002558110  
-06/15/98-01007-010  
\*\*\*70.00

14. 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 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:

*[Signature]*

JON SPIEGEL

3-17-98

941-382-9955

CR2E037 (10/97)