

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90033 006 ****61.25

DOCUMENT # N14509

1. Corporation Name

SEBRING SPECIAL EVENTS COMMITTEE, INC.

513938 - 90033 - 6

Principal Place of Business

204 NORTH CIRCLE AVENUE
SEBRING FL 33870
US

Mailing Address

204 NORTH CIRCLE AVENUE
SEBRING FL 33870
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/22/1986

4. FEI Number

59-2954678

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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

TITLE TS
NAME PIERCE, LINDA
STREET ADDRESS 1239 KATCALINE AVENUE
CITY-ST-ZIP SEBRING FL 33870

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

TITLE D
NAME MEEKINS, TOM
STREET ADDRESS 301 JAY AVENUE
CITY-ST-ZIP SEBRING FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

DAMMY SAUCIER
1505 W. POINTSETTA ROAD
AVON PARK, FL 33825
TS

D MARVIN CLARK
2212 GARDENVUE
SEBRING, FL 33870

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, with all other like empowered.

SIGNATURE:

JON SPIEGEL

4-30-99 382-9955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)