

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90410 018 \*\*\*\*61.25

**DOCUMENT # N14509**

1. Entity Name

SEBRING SPECIAL EVENTS COMMITTEE, INC.



Principal Place of Business

206 NORTH CIRCLE AVENUE  
SEBRING FL 33870  
US

Mailing Address

206 NORTH CIRCLE AVENUE  
SEBRING FL 33870  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2954678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SPIEGEL, JON  
STREET ADDRESS 206 N. CIRCLE AVE.  
CITY-ST-ZIP SEBRING FL ☐ Delete

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

TITLE D  
NAME HARTLEY, RAY  
STREET ADDRESS 3 CLARA STREET  
CITY-ST-ZIP SEBRING FL 33875 ☐ Delete

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

TITLE D  
NAME DAUGHTERY, JEREMY  
STREET ADDRESS 3211 STENAWHAHEE AVE.  
CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-19-04 863-383  
5781