

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90030 036 ****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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2175 SCHLOSSER ROAD

SEBRING, FL

33875 USA

1st MOORE

CR2E037 (10/05)

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

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

7. Name and Address of New Registered Agent

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, 2006

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 ☐ Delete
STREET ADDRESS 206 N. CIRCLE AVE.
CITY-ST-ZIP SEBRING FL

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE MARGRET MEDER ☒ Change ☒ Addition
NAME
STREET ADDRESS 2108 LAKE JOSEPHINE DR.
CITY-ST-ZIP SEBRING, FL 33875

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 #

3-24-06 863 385-5181