

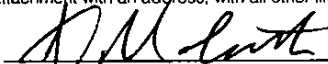


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90198 042 \*\*\*\*61.25

<b>DOCUMENT # N14810</b> 1. Entity Name <b>SEBRING SUNRISE ROTARY CLUB, INC.</b>					
Principal Place of Business <b>C/O MACBETH, J. ROSS</b> <b>2543 U.S. 27 SOUTH</b> <b>SEBRING, FL 33870 US</b>			Mailing Address <b>C/O MACBETH, J. ROSS</b> <b>2543 U.S. 27 SOUTH</b> <b>SEBRING, FL 33870 US</b>		
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 <b>59-2704818</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCHOMMER, NICHOLAS</b> <b>329 SOUTH COMMERCE AVENUE</b> <b>SEBRING, FL 33870</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROWDER, CRAIG		NAME	Becky Rousch	
STREET ADDRESS	4027 WILSON AVENUE		STREET ADDRESS	927 Grey Fox Avenue	
CITY-ST-ZIP	SEBRING, FL 33875		CITY-ST-ZIP	Sebring, FL 33875	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SACCO, JAMES		NAME	Merritt O'Brien	
STREET ADDRESS	4040 WILSON AVENUE		STREET ADDRESS	2706 Greenacre Drive	
CITY-ST-ZIP	SEBRING, FL 33872		CITY-ST-ZIP	Sebring, FL 33872	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACBETH, J. ROSS		NAME	Will Swaine	
STREET ADDRESS	2543 US 27 SOUTH		STREET ADDRESS	611 U.S. 27 South	
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP	Sebring, FL 33870	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHOMMER, NICHOLAS		NAME	Don Elwell	
STREET ADDRESS	3614 PAR ROAD		STREET ADDRESS	2701 Sunset Drive	
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP	Sebring, FL 33870	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLSTON, DALE		NAME	Sharon Schuler	
STREET ADDRESS	2925 KENILWORTH BLVD		STREET ADDRESS	140 E. Circle Street	
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP	Avon Park, FL 33825	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COUGHLIN, PETE		NAME	John Negley	
STREET ADDRESS	2754 TREASURE CAY LANE		STREET ADDRESS	2738 Sunrise Drive	
CITY-ST-ZIP	SEBRING, FL 33875		CITY-ST-ZIP	Sebring, FL 33872	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b>  <b>J. Ross Macbeth</b> <span style="float: right;">4/25/06 (863)385-7600</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					