

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18334 (5)

1. Corporation Name

SEBRING LIONS BREAKFAST CLUB, INC.



Principal Place of Business

1067 HAWTHORNE DRIVE
P.O. BOX 357B
SEBRING FL 33870

Mailing Address

1067 HAWTHORNE DRIVE
P.O. BOX 357B
SEBRING FL 33870

3. Date Incorporated or Qualified

12/18/1986

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

Delete PO Box No.

23

City & State

24

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

Delete PO Box No.

28

City & State

29

Zip

Country

30

4. FEI Number

23-7335690

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GANAS, ROBERT A.
1067 HAWTHORNE DRIVE
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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

HOWERTON, CLAUDE
3317 LAKEVIEW DR.
SEBRING FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

SANDERS, DONALD
162 W. CENTER AVE.
SEBRING FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

BETHEA, JERRY
420 BETHEA LANE
SEBRING FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P

GANAS, ROBERT A.
7423 SPARTA ROAD
SEBRING FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S

ROHN, E. CHARLES
6750 US 27 NORTH V-5A
SEBRING FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☒ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Charles Rohn

01/31/96

Date

941-471-2959

Daytime Phone #

CR2E037 (12/95)