## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra S. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

SEBRING LIONS BREAKFAST CLUB, INC.						8181 81811 81811 81811 81811 81811 81811 1881		
Principal Piace of Business		Mailing Address						
1067 HAWTHORNE DRIVE SEBRING FL 33870 US		1067 HAWTHORNE DRIVE SEBRING FL 33870-2939 US						
		••				<ol> <li>Date incorporated or Qualified 12/18/1986</li> </ol>	3a. Date of Last Report 05/01/1996	
2. Principal P	lace of Business	2a. Mailing Address 26	<u> </u>			4. FEI Number 23-7335690	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	0	City & State	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zιρ	Country	Zip	Zip Country			This corporation has liability for intangible tax under s. 199.032,		
24	25 9. Name and Address of Curren	29 Agent	red Agent		1	Florida Statutes Yes No 10. Name and Address of New Registered Agent		
81 Name						IV. Name and Address of New Ne	Signate with the signature of the signat	
CANAC POPERT A						a /D O. David Market In Mark Assessed	-1-1	
1067 HAWTHORNE DRIVE					et Address (P.O. Box Number is Not Acceptable)			
SEBRING	G FL 33870		83					
				84 City	••••••	······································	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statu	tes, the al	ove-name	d corpor	ation submits this statement for the p	ourpose of changing its registered	
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	_							
12.	Signature, typed or printed name of registered age OFFICERS ANI		TE: Repistered	Agent signati	periuper en	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12	
TITLE	D	X DELETE	1.1 TI	rle	D	ADDITIONO/ONANGEO TO OTTIC	Change Addition	
NAME	HOWERTON, CLAUDE		1.2 N	ME	1 "	Tim Hurner	-	
STREET ADDRESS	3317 LAKEVIEW DR.		1.3 ST	REET ADDRESS	14	16 Fifth Ave.	·	
CITY-ST-7IP	SEBRING FL	T DC: FRE		TY-ST-ZIP	Se	bring FL 33872		
TITLE	D CANDEDO DONALD	X DELETE	2.1 TI		p_	70.1	Change Addition	
NAME STREET ADDRESS	SANDERS, DONALD 162 W. CENTER AVE.		2.2 N/	ime Reet address	Ma	x Riley 50 US 27 N, V-5A		
CITY-ST-ZIP	SEBRING FL			ace i rodiness AY-ST-ZIP	Se	bring FL 33870		
TITLE	D	☐ DELETE	3.1 Tri		+		☐ Change ☐ Addition	
NAME	BETHEA, JERRY		3.2 NA	ME			- '	
STREET ADDRESS	420 BETHEA LANE		3.3 ST	REET ADDRESS	;		÷ ,	
CITY-ST-ZIP	SEBRING FL	F-1 55. 575		ITY-ST-ZIP				
TITLE	P Dunken o T	<b>K</b> DELETE	4.1 T()		P		Change Addition	
NAME STREET ADDRESS	HURNER, G. T 1416 FIFTH AVE		4.2N	ame Reet address	La	imp, A. W.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
CITY-ST-ZIP	SEBRING FL		1	MEET AUDMESS TY-ST-ZIP	40   Se	4k S.W. Lakeview bring FL 33870	ur.	
TITLE	8	DELETE	5.1 Til	<del></del>	1 -		☐ Change ☐ Addition	
NAME	ROHN, E. CHARLES		5.2 N/	ME			1 1 1 1	
STREET ADDRESS	6750 US 27 NORTH V-5A		5.3 <b>S</b> T	reet address	i		'	
CITY-ST-ZIP	SEBRING FL			TY-ST-ZIP	<b></b>			
TITLE		DELETE	6.1 Til				Change   Addition	
NAME STREET ADDRESS			6.2 NA				1 4	
CITY-ST-ZIP				reet address Ty-St-Zip	` [			
14. Ldo herek	by certify that the information supplied	d with this filing does not qual	fy for the	evemption	stated in	Section 119.07(3)(i), Florida Statute	s. 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: E. Charles Rohn

(941) 471-2959

**FILED** 

Apr 16 1997 8:00am

Secretary of State