

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90014 016 ****61.25

DOCUMENT # N18334

1. Corporation Name

SEBRING LIONS BREAKFAST CLUB, INC.

Principal Place of Business

1067 HAWTHORNE DRIVE
SEBRING FL 33870
US

Mailing Address

7423 SPARTA RD
SEBRING FL 33872
US

5 6 566756 - 90014 - 16



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/18/1986

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

23-7335690

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GANAS, ROBERT A.
1067 HAWTHORNE DRIVE
SEBRING FL 33870

81 Name *Charles Rohn - Max C Riley*
82 Street Address (P.O. Box Number is Not Acceptable)
6750 US 27 North
83 *Villa 5-A*
84 City *Sebring* FL 85 Zip Code *33870*

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

Max C Riley

(NOTE: Registered Agent signature required when reinstating)

6/3/99

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D HURNER, G T**
STREET ADDRESS **1416 FIFTH AVE**
CITY-ST-ZIP **SEBRING FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D RILEY, MAX**
STREET ADDRESS **6750 US 27 NO, V-5A**
CITY-ST-ZIP **SEBRING FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D BENTON, JAMES**
STREET ADDRESS **5071 STRAFFORD OAKS DR**
CITY-ST-ZIP **SEBRING FL 33872**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S ROHN, E. CHARLES**
STREET ADDRESS **6750 US 27 NORTH V-5A**
CITY-ST-ZIP **SEBRING FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Max C Riley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/99

Date

Daytime Phone #

CR2E037 (11/98)

0058554