

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18334

FILED
Jan 14, 2004
Secretary of State

Entity Name: SEBRING LIONS BREAKFAST CLUB, INC.

Current Principal Place of Business:

QUALITY INN&SUITE
6525 US 27 N.
SEBRING, FL 33872 US

New Principal Place of Business:

SANTA ROSA HOTEL
509 N. RIDGEWOOD DR.
SEBRING, FL 33870 US

Current Mailing Address:

3149 SHORTWOOD RD.
SEBRING, FL 33870 US

New Mailing Address:

FEI Number: 23-7335690 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RILEY, MAX
6750 US 27 N
VILLA-3D
SEBRING, FL 33870

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LUCK, GINNY B
Address: 629 NE LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: VON MERVELDT, PAUL
Address: 3149 SHORTWOOD RD
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: MCKLIN, EDITH
Address: 328 HEMLOCK AVE
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: VON MERVELDT, MARLENE B
Address: 3149 SHORTWOOD RD
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BECKER, PAUL
Address: 438 SUNBIRD SQUARE
City-St-Zip: SEBRING, FL 33872

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE B. VON MERVELDT

D

01/14/2004

Electronic Signature of Signing Officer or Director

_____ Date