


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90145 019 \*\*\*\*61.25

<b>DOCUMENT # N27124</b> 1. Entity Name <b>SEBRING ELKS, INC.</b>					
Principal Place of Business <b>POST OFFICE BOX 333 SEBRING, FL 33871-0333</b>			Mailing Address <b>POST OFFICE BOX 333 SEBRING, FL 33871-0333</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>OSTLER, M DIANE 531 BEECHCRAFT ST LAKE PLACID, FL 33852</b>				Name <b>JOAN H. ROTH</b> Street Address (P.O. Box Number is Not Acceptable) <b>2018 LAKEVIEW DR.</b> City <b>SEBRING</b> FL Zip Code <b>33870</b>	
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 <i>Joan H. Roth</i>		SIGNATURE <b>JOAN H. ROTH</b>		DATE <b>4/15/08</b>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>KALISH, JACK</b> <b>2312 FANCY FREE DR.</b> <b>SEBRING, FL 33872</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD JAMES MASON</b> <b>4014 SANTA BARBARA DR</b> <b>SEBRING, FL 33875</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <b>LITTLE, MARY</b> <b>2706 RODNEY ST.</b> <b>SEBRING, FL 33872</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD JOAN H ROTH</b> <b>2018 LAKEVIEW DR</b> <b>SEBRING, FL 33870</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <b>OSTLER, DIANE</b> <b>531 BEECHCRAFT ST</b> <b>LAKE PLACID, FL 33852</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD DONNA BARNHART</b> <b>2689 SANDY LOAM CT.</b> <b>SEBRING, FL 33875</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: <i>Joan H. Roth</i>		DATE: <b>4/15/08</b>		DAYTIME PHONE #: <b>863-385-8647</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					