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**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90130 050 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N29958**

1. Corporation Name

**THE SUN ROOM SENIOR CENTER, INC.**

Principal Place of Business

**3015 HERRING AVE  
SEBRING FL 33870**

Mailing Address

**3015 HERRING AVE  
SEBRING FL 33870**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**12/29/1988**

4. FEI Number

**59-2940854**

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

9. Name and Address of Current Registered Agent

**SWENSON, J RICHARD  
220 THRUSH AVE  
SEBRING FL 33872**

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

*J. R. Swenson*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/10/99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **OP**  
STREET ADDRESS **SWENSON, J R**  
CITY-ST-ZIP **220 THRUSH AVE  
SEBRING FL**

TITLE ☐ DELETE

NAME **DV**  
STREET ADDRESS **SMITH, DALE**  
CITY-ST-ZIP **226 LOON AVE  
SEBRING FL**

TITLE ☐ DELETE

NAME **DST**  
STREET ADDRESS **DAUMER, DAN**  
CITY-ST-ZIP **2630 WHATLEY BLVD  
SEBRING FL**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **O'DELL, DOTTIE**  
CITY-ST-ZIP **2724 DESOTO ROAD  
SEBRING FL**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **KING, SAMUEL D**  
CITY-ST-ZIP **1000 WOODMERE DR  
AVON PARK FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

*J. R. Swenson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/10/99**

Date

**941 385 4697**

Daytime Phone #

CR2E037 (11/98)