

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40258

FILED  
Jan 26, 2009  
Secretary of State

**Entity Name:** THE PALMS FOUNDATION OF SEBRING, INC.

**Current Principal Place of Business:**

211 MAGNOLIA AVE  
SEBRING, FL 33870 US

**New Principal Place of Business:**

**Current Mailing Address:**

211 MAGNOLIA AVE  
SEBRING, FL 33870 US

**New Mailing Address:**

**FEI Number:** 59-3032441

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BREED, E. MARK III  
325 N. COMMERCE AVE.  
SEBRING, FL 33870 US

**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: P ( ) Delete  
Name: JOHNSON, HARRY  
Address: 118 MURRAY COURT NW  
City-St-Zip: LAKE PLACID, FL 33852

Title: TV ( ) Delete  
Name: FOSTER, SANDY L  
Address: 234 SWALLOW AVE  
City-St-Zip: SEBRING, FL 33872

Title: TS ( ) Delete  
Name: SWIHART, RAY  
Address: 4313 FLETCHER DR  
City-St-Zip: SEBRING, FL 33870

Title: TT ( ) Delete  
Name: MCLEAN, DOUGLAS A  
Address: 300 CIR. PRK DR  
City-St-Zip: SEBRING, FL 33870

Title: T ( ) Delete  
Name: SMITH, WENDEL  
Address: PO BOX 936  
City-St-Zip: LORIDA, FL 33857

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: JOHNSON, HARRY C  
Address: PO BOX 5  
City-St-Zip: LORIDA, FL 33857

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

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

Title: TT (X) Change ( ) Addition  
Name: MCLEAN, DOUGLAS A  
Address: 300 CIRCLE PARK DRIVE  
City-St-Zip: SEBRING, FL 33870

Title: T (X) Change ( ) Addition  
Name: SMITH, WENDELL L  
Address: PO BOX 936  
City-St-Zip: LORIDA, FL 33857

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DOUGLAS A MCLEAN

TT

01/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date