

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
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90031 011 ****61.25

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1. Corporation Name

**SEBRING DOWNTOWN MERCHANTS AND PROFESSIONAL ASSO
CIATION, INC.**

125229-90031-11

Principal Place of Business

129 SOUTH COMMERCE AVENUE
SEBRING FL 33870

Mailing Address

POST OFFICE BOX 1322
SEBRING FL 33871-1322



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
07/17/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
~~05057049~~ **59-1861882** Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCOLLUM, JAMES F
129 SOUTH COMMERCE AVENUE
SEBRING FL 33870

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☒ DELETE
NAME **HOFFER, PATRICIA D**
STREET ADDRESS **203 N RIDGEWOOD**
CITY-ST-ZIP **SEBRING FL 33870**

1.1 TITLE **VD** ☐ Change ☒ Addition
1.2 NAME **LINZER, DIANA**
1.3 STREET ADDRESS **246 N. Commerce Ave.**
1.4 CITY-ST-ZIP **Sebring, Fl. 33870** ☐ Change ☒ Addition

TITLE **SD** ☒ DELETE
NAME **SCOTT, SHEILA**
STREET ADDRESS **368 SOUTH COMMERCE AVENUE**
CITY-ST-ZIP **SEBRING FL 33870**

2.1 TITLE **SD** ☐ Change ☒ Addition
2.2 NAME **ROSE H. BELL**
2.3 STREET ADDRESS **1831 SE Lakeview Dr.**
2.4 CITY-ST-ZIP **Sebring, Fl. 33870** ☐ Change ☐ Addition

TITLE **TD** ☐ DELETE
NAME **SHOEMAKER, JANICE M**
STREET ADDRESS **305 SOUTH CIRCLE**
CITY-ST-ZIP **SEBRING FL 33870**

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

TITLE **P** ☒ DELETE
NAME **KEYES, RONALD S**
STREET ADDRESS **207 S CIR**
CITY-ST-ZIP **SEBRING FL 33870**

4.1 TITLE **P** ☐ Change ☒ Addition
4.2 NAME **Patricia Wilk**
4.3 STREET ADDRESS **139 N. Ridgewood Dr.**
4.4 CITY-ST-ZIP **Sebring, Fl. 33870** ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

(941)382-4151

CR2E037 (1/98)