

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90033 003 ****61.25

DOCUMENT # N95000003381					
1. Entity Name SEBRING DOWNTOWN MERCHANTS AND PROFESSIONAL ASSOCIATION, INC.					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1861882	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCCOLLUM, JAMES F 129 SOUTH COMMERCE AVENUE SEBRING, FL 33870			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. <input type="checkbox"/> Delete VIERA, ROBERT 116 N RIDGEWOOD DR SEBRING, FL 33870	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Don Elwell <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1610 Lakeview Drive Sebring, FL 33870		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete GERHART, TERESA W 300 N. CIRCLE SEBRING, FL 33870	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Justin Williams <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 134 W. Center Ave. Sebring, FL 33870		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete BUTLER, LUCAS 106 N. RIDGEWOOD DR SEBRING, FL 33870	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sam Conson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 134 N. Ridgewood Dr. Sebring, FL 33870		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete HIRSH, DIANA 131 N. RIDGEWOOD DR. SEBRING, FL 33870	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MORRIS, TERRILL 307 S. COMMERCE AVE SEBRING, FL 33870	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete COUGHLIN, PETER 3750 US NORTH STE1 SEBRING, FL 33870	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 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 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>Teresa W. Gerhart</i>		2/1/05 863-385-8850			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Teresa W. Gerhart		Date Daytime Phone #			