

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90065 046 ****61.25

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01122006 Chg-NP CR2E037 (11/05)

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			Applied For <input type="checkbox"/> Not Applicable		
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) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VIERA, ROBERT 116 N RIDGEWOOD DR SEBRING, FL 33870	Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Rimer 201 Circle Park Dr. Sebring, FL 33870	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GERHART, TERESA W 300 N. CIRCLE SEBRING, FL 33870	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Teresa W. Gerhart 300 Circle Park Dr. Sebring, FL 33870	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELWELL, DON 1610 LAKEVIEW DRIVE SEBRING, FL 33870	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vicki Porter 227 US 27 S. Sebring, FL 33870	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HIRSH, DIANA 131 N. RIDGEWOOD DR. SEBRING, FL 33870	Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JUSTIN 139 WEST CENTER AVENUE SEBRING, FL 33870	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORSON, SAM 134 NORTH RIDGEWOOD DRIVE SEBRING, FL 33870	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ _____ Teresa W. Gerhart			2/15/06 863-382-3382 Date Daytime Phone #		