



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90007 039 \*\*\*\*61.25

<b>DOCUMENT # N98000001110</b> 1. Entity Name <b>SEBRING-RIDGE MUSEUM, INC.</b>					
Principal Place of Business <b>1981 U.S 27 SOUTH</b> <b>SEBRING, FL 33870 US</b>			Mailing Address <b>1981 U.S 27 SOUTH</b> <b>SEBRING, FL 33870 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>136 S. Ridgewood Dr</b> Suite, Apt. #, etc.			
City & State <b>Sebring FL</b>		City & State <b>Sebring FL</b>		4. FEI Number <b>65-0859654</b>	
Zip <b>33870</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DAVIS, RUTH K</b> <b>667 SE LAKEVIEW DRIVE</b> <b>SEBRING, FL 33870</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP AYALA, RUBEN 1619 EVANGELIZE AVE SEBRING, FL 33870	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, RUTH K 667 S.E. LAKEVIEW DR. SEBRING, FL 33870	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS COCHRAN, GELENE 115 BRITTANY LANE SEBRING, FL 33875	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, BOBBY 704 ZION AVE SEBRING, FL 33870	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, ELIZABETH 402 OAK AVE SEBRING, FL 33870	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. A.J. Kahn P.O. Box 3416 Sebring FL 33871	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <u>Gelene Cochran, Treas</u> <b>7-19-06</b> <b>863-382-2720</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					