

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001110

FILED  
May 01, 2007  
Secretary of State

Entity Name: SEBRING-RIDGE MUSEUM, INC.

## Current Principal Place of Business:

1981 U.S 27 SOUTH  
SEBRING, FL 33870 US

## New Principal Place of Business:

145 WEST CENTER AVE.  
SEBRING, FL 33870 US

## Current Mailing Address:

136 S. RIDGEWOOD DR  
SEBRING, FL 33870 US

## New Mailing Address:

145 WEST CENTER AVE.  
SEBRING, FL 33870 US

FEI Number: 65-0859654      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

DAVIS, RUTH K  
667 SE LAKEVIEW DRIVE  
SEBRING, FL 33870 US

## Name and Address of New Registered Agent:

AYALA, RUBEN N  
1619 EVANGELINE AVE.  
SEBRING, FL 33870 US

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: RUBEN N. AYALA

05/01/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: AYALA, RUBEN  
Address: 1619 EVANGELINE AVE  
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete  
Name: DAVIS, RUTH K  
Address: 667 S.E. LAKEVIEW DR.  
City-St-Zip: SEBRING, FL 33870

Title: DTS ( ) Delete  
Name: COCHRAN, GELENE  
Address: 115 BRITTANY LANE  
City-St-Zip: SEBRING, FL 33875

Title: D ( ) Delete  
Name: WALKER, BOBBY  
Address: 704 ZION AVE  
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete  
Name: WALKER, ELIZABETH  
Address: 402 OAK AVE  
City-St-Zip: SEBRING, FL 33870

Title: V ( ) Delete  
Name: KAHN, A.J.  
Address: PO BOX 3416  
City-St-Zip: SEBRING, FL 33871

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: AYALA, RUBEN N  
Address: 1619 EVANGELINE AVE  
City-St-Zip: SEBRING, FL 33870

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

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

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

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

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

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: RUBEN N. AYALA

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date