
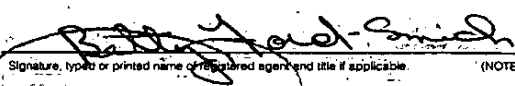
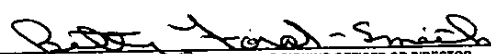


**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90235 030 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N980000011110</b>					
1. Entity Name SEBRING-RIDGE MUSEUM, INC.					
Principal Place of Business 145 WEST CENTER AVE. SEBRING, FL 33870 US		Mailing Address 145 WEST CENTER AVE. SEBRING, FL 33870 US		40096345	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04242008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0859654	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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	
AYALA, RUBEN N 1619 EVANGELINE AVE. SEBRING, FL 33870				Name <b>BETTY FORD-SMITH</b> Street Address (P.O. Box Number is Not Acceptable) <b>2300 COUNTRY CLUB RD</b> City <b>SEBRING</b> FL Zip Code <b>33872</b>	
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  DATE <b>4/29/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	P	AYALA, RUBEN N	<input checked="" type="checkbox"/> Delete	TITLE	P <b>BETTY FORD-SMITH</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1619 EVANGELINE AVE		NAME	<b>2300 COUNTRY CLUB RD</b>
STREET ADDRESS		SEBRING, FL 33870		STREET ADDRESS	<b>SEBRING, FL 33872</b>
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D	DAVIS, RUTH K	<input checked="" type="checkbox"/> Delete	TITLE	VP <b>RUBEN N. AYALA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		667 S.E. LAKEVIEW DR.		NAME	<b>1619 EVANGELINE AVE</b>
STREET ADDRESS		SEBRING, FL 33870		STREET ADDRESS	<b>SEBRING, FL 33870</b>
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	DTS	COCHRAN, GELENE	<input checked="" type="checkbox"/> Delete	TITLE	S <b>MICHELE HUGHES</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		115 BRITTANY LANE		NAME	<b>341 GROSBELK-AVE</b>
STREET ADDRESS		SEBRING, FL 33875		STREET ADDRESS	<b>SEBRING, FL 33872</b>
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D	WALKER, BOBBY	<input checked="" type="checkbox"/> Delete	TITLE	
NAME		704 ZION AVE		NAME	
STREET ADDRESS		SEBRING, FL 33870		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D	WALKER, ELIZABETH	<input checked="" type="checkbox"/> Delete	TITLE	
NAME		402 OAK AVE		NAME	
STREET ADDRESS		SEBRING, FL 33870		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	V	KAHN, A.J.	<input checked="" type="checkbox"/> Delete	TITLE	
NAME		PO BOX 3416		NAME	
STREET ADDRESS		SEBRING, FL 33871		STREET ADDRESS	
CITY-ST-ZIP				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: 				Date <b>4/29/08</b> Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					