2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2021
Secretary of State
6657437867CC

DOCUMENT# 710400

Entity Name: SEBRING RECREATION CLUB, INC.

Current Principal Place of Business:

333 POMEGRANATE
SEBRING, FL 33870

Current Mailing Address:

PO BOX 601
SEBRING, FL 33871 US

FEI Number: 59-1144396

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHERIDAN-MOORE, JACQUELINE L
333 POMIGRANITE AVE
P.O.BOX 601
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: JACQUELINE SHERIDAN-MOORE 01/29/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY
Name	HOLLOWAY, JUDITH
Address	316 PAR ROAD
City-State-Zip:	SEBRING FL 33872

Title	FIRST V.PRESIDENT
Name	ROBERTSON, ROSS
Address	1504 FRINGE ST
City-State-Zip:	LAKE PLACID FL 33852

Title	2ND VICE PRESIDENT
Name	SHIDLER, BRUCE
Address	3066 LAKE RD
City-State-Zip:	AVON PARK FL 33825

Title	DIRECTOR
Name	NOBLE, DAN
Address	4412 WILLOW TR
City-State-Zip:	SEBRING FL 33872

Title	TREASURER
Name	SHERIDAN-MOORE, JACQUELINE L
Address	1722 THEON ST
City-State-Zip:	SEBRING FL 33870

Title	PRESIDENT
Name	LANE, LARRY
Address	4334 STAMBACK DRIVE
City-State-Zip:	SEBRING FL 33870

Title	DIRECTOR
Name	DEAR, MARGARET
Address	1504 FRINGE ST
City-State-Zip:	LAKE PLACID FL 33852

Title	DIRECTOR
Name	WELSH, LELAND
Address	1611 OVERLOOK PLACE
City-State-Zip:	SEBRING FL 33870

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I hereby 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 all other like empowered.

SIGNATURE: JACQUELINE L SHERIDAN-MOORE TREASURER 01/29/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	PRATT, DUNDEE
Address	3219 STEPHENS CT
City-State-Zip:	SEBRING FL 33870