2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2013
Secretary of State
CC8832691061

DOCUMENT# N11098

Entity Name: SEBRING MAIN STREET, INC.

Current Principal Place of Business:

219 NORTH RIDGEWOOD DRIVE
SEBRING, FL 33871-1243

Current Mailing Address:

219 NORTH RIDGEWOOD DRIVE
P.O. BOX 1243
SEBRING, FL 33871-1243

FEI Number: 59-2626645

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHOMMER, NICHOLAS G.
329 S. COMMERCE AVENUE
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TD
Name	PELLA, PATRICIA S
Address	136 S. RIDGEWOOD DR.
City-State-Zip:	SEBRING FL

Title	D
Name	BROWN, ROBERT
Address	4900 LAKE HAVEN BLVD.
City-State-Zip:	SEBRING FL 33875

Title	S
Name	LIVINGSTON, CAROLINE
Address	4628 DUFFER LOOP
City-State-Zip:	SEBRING FL 33872

Title	DIRECTOR
Name	NELSON, BRENDA
Address	STEPHENSON NELSON FUNERAL HOME
City-State-Zip:	AVON PARK FL 33825

Title	D
Name	CROWDER, CRAIG
Address	205 W. CENTER AVE.
City-State-Zip:	SEBRING FL 33870

Title	VP
Name	CLARK, JOHN
Address	2324 PINEWOOD BLVD.
City-State-Zip:	SEBRING FL 33870

Title	DIRECTOR
Name	MCCLELLAND, JOYCE
Address	SCHOOL BOARD OF HIGHLANDS COUNTY
City-State-Zip:	SEBRING FL 33870

Title	DIRECTOR
Name	HARTLINE, JESSICA
Address	ALLSTATE INSURANCE
City-State-Zip:	SEBRING FL 33870

Continues on page 2

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: PATRICIA S. PELLA T 04/18/2013

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	DRESSEL, KELLY
Address	PRESCOTT PEST CONTROL
City-State-Zip:	SEBRING FL 33870

Title	SECRETARY
Name	TRAVERS, BECKY
Address	WOODLAWN ELEMENTARY
City-State-Zip:	SEBRING FL 33870

Title	DIRECTOR
Name	WENTWORTH, JOHN
Address	2824 US HIGHWAY 27 S
City-State-Zip:	SEBRING FL 33870

Title	DIRECTOR
Name	SWAINE, WILL
Address	SWAINE AND LEIDEL WEALTH SERVICES
City-State-Zip:	SEBRING FL 33870

Title	DIRECTOR
Name	LUTZ, MEREDITH
Address	FLORIDA HOSPITAL
City-State-Zip:	SEBRING FL 33870