2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11098

Entity Name: SEBRING MAIN STREET, INC.

Current Principal Place of Business:

219 NORTH RIDGEWOOD DRIVE SEBRING, FL 33871-1243

Current Mailing Address:

P.O. BOX 1243

SEBRING, FL 33871-1243 US

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

FILED Apr 04, 2019

Secretary of State

7262665549CC

Officer/Director Detail:

Title PRESIDENT Title VP

Name HARTLINE, JESSICA Name SWAINE, WILL

Address 2151 U.S. 27 SOUTH Address 145 WEST CENTER AVENUE

City-State-Zip: SEBRING FL 33870 City-State-Zip: SEBRING FL 33870

Title **TREASURER** Title DIRECTOR Name PAUZE, JENNIFER Name TRAVERS, BECKY Address 4524 TARREGA ST Address 111 MINI RANCH RD SEBRING FL 33872 City-State-Zip: City-State-Zip: SEBRING FL 33870

Title DIRECTOR Title SECRETARY

Name DESHAZO, ANGELINE Name CLARK, BOBBIE

Address 229 S COMMERCE AV Address 290 BLUEBERRY ROAD

City-State-Zip: SEBRING FL 33870 City-State-Zip: SEBRING FL 33872

City-State-Zip: SEBRING FL 33870 City-State-Zip: SEBRING FL 3387

TitleDIRECTORTitleDIRECTORNamePRESCOTT, JADYNameLILES, SARAH

Address 2719 ALT 27 SOUTH Address 832 GARLAND AVENUE City-State-Zip: SEBRING FL 33870 City-State-Zip: SEBRING FL 33875

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: J WILL SWAINE VICE PRESIDENT 04/04/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name DRESSEL, KELLY Address P.O. BOX 1243

City-State-Zip: SEBRING FL 33871-1243