# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **701447** **(5)**

1. Corporation Name

**SERTOMA CLUB OF LAKELAND INCORPORATED**

| Principal Place of Business | Mailing Address |
|---|---|
| 211 S. TENNESSEE AVENUE<br>P. O. BOX 273<br>LAKELAND FL 33802 | 211 S. TENNESSEE AVENUE<br>P. O. BOX 273<br>LAKELAND FL 33802 |

| | |
|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

3. Date Incorporated or Qualified: **09/23/1960**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2061811** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

HERMAN, STEPHEN D
1271 SCOTTSLAND DRIVE
LAKELAND FL 33813

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | LAKE, CHARLES | | 1.2 NAME | | |
| STREET ADDRESS | 1747 GARY ROAD EAST | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | HERMAN, STEPHEN | | 2.2 NAME | | |
| STREET ADDRESS | 1271 SCOTTSLAND DRIVE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | TD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CASEY, SHARON | | 3.2 NAME | | |
| STREET ADDRESS | CLUBHOUSE ROAD | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | SD | ☒ DELETE | 4.1 TITLE | VD | ☐ Change ☒ Addition |
| NAME | MENGEL, LEON | | 4.2 NAME | HOLLINGSWORTH, DENNIS | |
| STREET ADDRESS | 1615 NEWPORT AVE. | | 4.3 STREET ADDRESS | 5011 LANCELOT CT. | |
| CITY-ST-ZIP | LAKELAND FL | | 4.4 CITY-ST-ZIP | LAKELAND, FL | |
| TITLE | VD | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BERRY, CINDY | | 5.2 NAME | | |
| STREET ADDRESS | 1548 GEORGETOWN DR | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | VD | ☒ Change ☐ Addition |
| NAME | CONTI, ANTHONY | | 6.2 NAME | | |
| STREET ADDRESS | 4421 HALLAMVIEW LANE | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL | | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address

**SIGNATURE:** Stephen D Herman 1/25/96 941-648-4467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)