

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **701447** (5)

1. Corporation Name

SERTOMA CLUB OF LAKE LAND INCORPORATED

Principal Place of Business

Mailing Address

**211 S. TENNESSEE AVENUE
P. O. BOX 273
LAKE LAND FL 33802**

**211 S. TENNESSEE AVENUE
P. O. BOX 273
LAKE LAND FL 33802-0273**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/23/1960

3a. Date of Last Report

02/13/1996

4. FEI Number

59-2061811

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

10. Name and Address of New Registered Agent

**HERMAN, STEPHEN D
1271 SCOTTS LAND DRIVE
LAKE LAND FL 33813**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **LAKE, CHARLES**
STREET ADDRESS **1747 GARY ROAD EAST**
CITY-ST-ZIP **LAKE LAND FL**

TITLE **PD** ☐ DELETE
NAME **HERMAN, STEPHEN**
STREET ADDRESS **1271 SCOTTS LAND DRIVE**
CITY-ST-ZIP **LAKE LAND FL**

TITLE **TD** ☐ DELETE
NAME **CASEY, SHARON**
STREET ADDRESS **CLUBHOUSE ROAD**
CITY-ST-ZIP **LAKE LAND FL**

TITLE **VD** ☐ DELETE
NAME **HOLLINGSWORTH, DENNIS**
STREET ADDRESS **5011 LANCELOT COURT**
CITY-ST-ZIP **LAKE LAND FL**

TITLE **VD** ☐ DELETE
NAME **BERRY, CINDY**
STREET ADDRESS **1548 GEORGETOWN DR**
CITY-ST-ZIP **LAKE LAND FL**

TITLE **VD** ☐ DELETE
NAME **CONTI, ANTHONY**
STREET ADDRESS **4421 HALLAMVIEW LANE**
CITY-ST-ZIP **LAKE LAND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **PD** ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Signature Required

4/28/97

941-648-4467

Date

Daytime Phone # 0052508

CR2E037 (9/96)