FILE NOW: FILING FEE IS $61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 P. O. BOX 273 LAKELAND FL 33802	211 S. TENNESSEE AVENUE P. O. BOX 273 LAKELAND FL 33802

3. Date Incorporated or Qualified: 09/23/1960

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ 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	D	☐ DELETE	2.1 TITLE		☐ 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	President	☒ Change ☐ Addition
NAME	CASEY, SHARON		3.2 NAME	CASEY, SHARON	
STREET ADDRESS	CLUBHOUSE ROAD		3.3 STREET ADDRESS	1041 Sugartree Lane S	
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOLLINGSWORTH, DENNIS		4.2 NAME		
STREET ADDRESS	5011 LANCELOT COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	5.1 TITLE	TD	☒ Change ☒ Addition
NAME	BERRY, CINDY		5.2 NAME	Judy Belcher	
STREET ADDRESS	1548 GEORGETOWN DR		5.3 STREET ADDRESS	P.O. Box 5093	N/A
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP	Lakeland, FL 33807	
TITLE	PD	☐ DELETE	6.1 TITLE	Director	☒ Change ☐ Addition
NAME	CONTI, ANTHONY		6.2 NAME	CONTI, ANTHONY	
STREET ADDRESS	4421 HALLAMVIEW LANE		6.3 STREET ADDRESS	4421 HALLAMVIEW LN.	
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP	LAKELAND, FL 33813	

CR2E037 (10/97)

14. I 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: Sharon Casey SHARON CASEY 4-22-98 941-5192155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
President

0064465