FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 701447

SERTOMA CLUB OF LAKELAND INCORPORATED

Principal Place of Business
211 S. TENNESSEE AVENUE
P. O. BOX 273
LAKELAND FL 33802

2. Principal Place of Business. _____

Mailing Address

2a. Mailing Address

26

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

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90041 037 ****61.25



Applied For

3. Date Incorporated or Qualifed

09/23/1960

Second State Second Se	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			•	4. FEI Number			Apr	olied For	
City & State 28 29 20 20 20 20 20 20 20 20 20	22		27	27			59-20618	11		Not	Applicable	
23						E Carlifornia di	Ctatus Desired		\$8.75 A	dditional		
Zip Country Zip Country 6. Election Campaign Financing \$5.00 May Ba Addition Added to Fees Street Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and New Registered Agent 10. Name and Name Agent Agent 10. Name Agent Name Agent 10. Name Agent Name Agent 10. Name Agent Name Agent Name Agent Name Agent 10. Name Agent Name					5. Centros			Status Desired		Fee Red	quired	
25					Country 6. Election Campaign Financing				\$5.00	May Be		
HERMAN, STEPHEN D 1271 SCOTTSLAND DRIVE 285 Street Address (P.O. Box Number is Not Acceptable) 1271 SCOTTSLAND DRIVE 285 Street Address (P.O. Box Number is Not Acceptable) 1271 SCOTTSLAND DRIVE 286 City	24	25	29 30	5			Trust Fund (Contribution	<u> </u>	Added to	Fees	
HERMAN, STEPHEN D 1271 SCOTTSLAND DRIVE LAKELAND FL 33813												
1271 SCOTTSLAND DRIVE LAKELAND FL 33813 14 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617 6502 and 617 1508, Fioritis Statutes, the above-named corporation submits this statument for the purpose of changing its registered efficiency or registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered efficiency in the provisions of Section 617 6503, Florids Statutes. SIGNATURE Signaturs, with, and accept the obligations of, Section 617 6503, Florids Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES 14.				81	Name							
1271 SCOTTSLAND DRIVE LAKELAND FL 33813 144 City 155 City 156 City 157 City 158 Statement for the provisions of Sections 617 6502 and 617 1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered diffice 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 diffice 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 diffice or registered agent, and a cocpt the obligations of, Section 617 0503, Florida Statutes. SIGNATURE 12.	LICOLIANI OTCOLICALO				BB Chaot Address (B.O. Boy Number in Not Accoptable)							
LAKELAND FL 33813. Section Sections of Sections o	·				Gueetz	- Qui 660	(1 .O. DOX 110)	ibol io recept				
### City ###		· · · · · · · · · · · · · · · · · · ·		83	_							
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 SIGNATURE SIGNATURE SIGNATURE D	LANELANI	7 PL 33813		-						or Zin C	'odo	
office or registered agent, or both, in the State of Flonds. Such change was authorized by the corporation's board of directors. I neferly accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, byed or protect name of registered agent and their applicable. POTE Registered Agent signature required when reinstating) DATE	ı	32 W.C. 1994		84	City				FL	. 85 ZIP C	,ode	
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Signature, byed or printed rivery completed ready in the flag picture in the flag pi	f(t) = f(t) + f(t)											
12.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
LAKE, CHARLES 12 NAME 13 STREET ADDRESS 13 STREET ADDRESS 14 CTIY-ST-ZIP LAKELAND FL	12.			13.			ADDITIONS/	CHANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12	
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- A ATTICET ADDRESS		~		6.2 NAME	ļ							
		-		6.3 STREET	ADDRESS							

AKELAND FL 33813

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: