

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706219 (3)
1. Corporation Name
SOUTH SEMINOLE SERTOMA CLUB INC.

Principal Place of Business Mailing Address
P.O. BOX 743 WINTER PARK FL 32790-0743
P.O. BOX 743 WINTER PARK FL 32790-0743

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/30/1963 3a. Date of Last Report 01/19/1994
4. FEI Number 59-1088658 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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
LARKEY, LINDA G.
3212 ACOMA DRIVE
ORLANDO FL 32829

10. Name and Address of New Registered Agent
81 Name Edward A. Elbert
82 Street Address (P.O. Box Number is Not Acceptable) 3978 Irma Shores Dr.
83
84 City Orlando FL 85 Zip Code 32817

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Edward A. Elbert Ed A. Elbert 1-26-95
Signature, typed or printed name of registered agent and the date if applicable. (NOTE: Registered Agent signature required when relevant.) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GUDENKAUF, RICHARD
STREET ADDRESS	112 LONGWOOD AVE
CITY - ST - ZIP	ALTAMONTE SPRINGS FL
TITLE	V
NAME	WINESBURGH, MICHAEL
STREET ADDRESS	1303 HILLWAY RD.
CITY - ST - ZIP	APOPKA FL
TITLE	S
NAME	WINESBURGH, BEVERLY
STREET ADDRESS	1303 HILLWAY RD
CITY - ST - ZIP	APOPKA FL
TITLE	T
NAME	ELBERT, EDWARD A.
STREET ADDRESS	3978 IRMA SHORES DR.
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WARSICKI, Paul	
1.3 STREET ADDRESS	329 Woodstead Ln.	
1.4 CITY - ST - ZIP	Longwood FL 32779	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Susan Logan, Susan	
2.3 STREET ADDRESS	376 Woodstead Cr	
2.4 CITY - ST - ZIP	Longwood FL 32779	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Spakowski, William	
3.3 STREET ADDRESS	120 Glendale Dr.	
3.4 CITY - ST - ZIP	Longwood FL 32750	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
6.1 TITLE	C/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Gudenkauf, Richard	
6.3 STREET ADDRESS	112 Longwood Ave	
6.4 CITY - ST - ZIP	Altamonte Springs FL 32779 Ct	
6.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Kuhn Thomas	
6.3 STREET ADDRESS	183 Paul McClure Ct	
6.4 CITY - ST - ZIP	Casselberry FL 32707	

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 110.07(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: Edward A. Elbert Ed A. Elbert 1-26-95 (407)678-5725
Signature, typed or printed name of signing officer or director. Date Time Phone #