

**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 # 706219 (3)**

1. Corporation Name  
**SOUTH SEMINOLE SERTOMA CLUB INC.**



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

3. Date Incorporated or Qualified: **09/30/1963**  
3a. Date of Last Report: **03/15/1995**  
4. FEI Number: **59-1088658**  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**ELBERT, EDWARD A  
3978 IRMA SHORES DR.  
ORLANDO FL 32817**

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE: <b>P</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>WARSICKI, PAUL</b>
STREET ADDRESS: <b>329 WOOD STEAD LN.</b>	CITY-ST-ZIP: <b>LONGWOOD FL 32779</b>
TITLE: <b>VD</b> <input type="checkbox"/> DELETE	NAME: <b>LOGAN, SUSAN</b>
STREET ADDRESS: <b>376 WOODSSTEAD CR.</b>	CITY-ST-ZIP: <b>LONGWOOD FL 32779</b>
TITLE: <b>S</b> <input type="checkbox"/> DELETE	NAME: <b>SPAKOWSKI, WILLIAM</b>
STREET ADDRESS: <b>120 GLENDALE DR.</b>	CITY-ST-ZIP: <b>LONGWOOD FL 32750</b>
TITLE: <b>T</b> <input type="checkbox"/> DELETE	NAME: <b>ELBERT, EDWARD A.</b>
STREET ADDRESS: <b>3978 IRMA SHORES DR.</b>	CITY-ST-ZIP: <b>ORLANDO FL</b>
TITLE: <b>CD</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>GUDENKAUF, RICHARD</b>
STREET ADDRESS: <b>112 LONGWOOD AVE.</b>	CITY-ST-ZIP: <b>ALTAMOTE SPRINGS FL 32779</b>
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>KUHN, THOMAS</b>
STREET ADDRESS: <b>183 PAUL MCCLURE CT.</b>	CITY-ST-ZIP: <b>CASSELBERRY FL 32707</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>Beverly Winesburgh</b>
1.2 NAME: <b>Beverly Winesburgh</b>	1.3 STREET ADDRESS: <b>1303 Hillway Road</b>
1.4 CITY-ST-ZIP: <b>Apopka FL 32703</b>	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE: <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: <b>Paul Warsicki</b>	5.3 STREET ADDRESS: <b>329 Wood Stead Ln.</b>
5.4 CITY-ST-ZIP: <b>Longwood FL 32779</b>	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Edward A. Elbert Edward A. Elbert 1-15-92 (407) 678-5725  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)