

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

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

3. Date Incorporated or Qualified 09/30/1963  
3a. Date of Last Report 01/25/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	59-1088658	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ELBERT, EDWARD A 3978 IRMA SHORES DR. ORLANDO FL 32817	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>WINESBURGH, BEVERLY</del>	1.2 NAME	CONTI, DONALD
STREET ADDRESS	1303 HILLWAY RD.	1.3 STREET ADDRESS	1036 PEBBLE BEACH CIRCLE E
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	WINTER SPRING FL 32708
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	YD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGAN, SUSAN	2.2 NAME	KENDALL CHRISTOPHER
STREET ADDRESS	376 WOODSTEAD CR.	2.3 STREET ADDRESS	7245 ABBEY LANE
CITY-ST-ZIP	LONGWOOD FL 32779	2.4 CITY-ST-ZIP	WINTER PARK FL 32792
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPAKOWSKI, WILLIAM	3.2 NAME	
STREET ADDRESS	120 GLENDALE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELBERT, EDWARD A.	4.2 NAME	
STREET ADDRESS	3978 IRMA SHORES DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	32718
TITLE	C <input checked="" type="checkbox"/> DELETE	5.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>WARGICKI, PAUL</del>	5.2 NAME	WINESBURG, Beverly
STREET ADDRESS	<del>929 WOODSTEAD LN.</del>	5.3 STREET ADDRESS	1303 Hillway RD
CITY-ST-ZIP	<del>LONGWOOD FL</del>	5.4 CITY-ST-ZIP	APOPKA FL 32703
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHN, THOMAS	6.2 NAME	
STREET ADDRESS	183 PAUL MCCLURE CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	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: Edward A. Elbert EDWARD A ELBERT 1-23-97 (407)678-576  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015000

CR2E037 (9/96)