

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706219

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: SOUTH SEMINOLE SERTOMA CLUB INC.

**Current Principal Place of Business:**

183 PAUL MCCLURE CT.  
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 950019  
LAKE MARY, FL 32795

**New Mailing Address:**

FEI Number: 59-1088658      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KUHN, THOMAS G  
183 PAUL MCCLURE CT  
CASSELBERRY, FL 32707 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KUHN, THOMAS G  
Address: 183 PAUL MCCLURE CT  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: T ( ) Delete  
Name: WINESBURGH, BEVERLY  
Address: 1303 HILLWAY RD.  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: NEW, LANE  
Address: 1160 LAKE ROGERS CIRCLE  
City-St-Zip: OVIEDO, FL 32765

Title: VP ( ) Delete  
Name: CHAN, KEYLOR  
Address: 533 THAMES CIRCLE  
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete  
Name: OCHS, ROBERT D  
Address: 2813 SUMMER FIELD RD.  
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete  
Name: ZITO, EDWARD  
Address: 502 SAN SEBASTIAN CT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS G. KUHN

P

03/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date