FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:10

DOCUMENT # 717513 (6)

1. Corporation Name
CYPRESS GARDENS SERTOMA CLUB, INC.

Principal Place of Business	Mailing Address
1825 SIXTH STREET S.E. WINTER HAVEN FL 33880	P.O. BOX 831 WINTER HAVEN FL 33882 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/06/1969
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-6213295 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

KENNEDY, J. KELLY
798 W. LAKE OTIS DR.
WINTER HAVEN FL 33880

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 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	P/D	☑ Change ☐ Addition
NAME	HOUSER, GLENN	12 NAME	BILL SWART	
STREET ADDRESS	101 AVE. A NW	13 STREET ADDRESS	1750 HAVENDALE BLVD	
CITY-ST-ZIP	WINTER HAVEN, FL 00000 FL 33880	14 CITY-ST-ZIP	WINTER HAVEN, FL. 33881	
TITLE	PD	21 TITLE	V/D	☑ Change ☐ Addition
NAME	HERRMANN, JOHN W.	22 NAME	RICHARD LEPELEY JR.	
STREET ADDRESS	3180 WINDY HILL RD	23 STREET ADDRESS	P.O. BOX 657 NA	
CITY-ST-ZIP	HAINES CITY FL	24 CITY-ST-ZIP	WAVERLY, FL 33877	
TITLE	VD	31 TITLE	S/D	☑ Change ☐ Addition
NAME	POTTER, JEFF	32 NAME	JACK HENRY	
STREET ADDRESS	637 1ST STREET	33 STREET ADDRESS	112 Holmes Place	
CITY-ST-ZIP	WINTER HAVEN, FL 00000 FL 33880	34 CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	VD	41 TITLE	T/D	☑ Change ☐ Addition
NAME	SWART, BILL	42 NAME	HAROLD NORDBY	
STREET ADDRESS	1750 HAVENDALE BLVD.	43 STREET ADDRESS	84 LAKESIDE DR	
CITY-ST-ZIP	WINTER HAVEN, FL 00000 FL 33880	44 CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	CD	51 TITLE	C/D	☑ Change ☐ Addition
NAME	DERSHIMER, DAVE	52 NAME	SAND HERMAND	
STREET ADDRESS	208 9TH ST SE	53 STREET ADDRESS	3180 WINDY HILL RD	
CITY-ST-ZIP	WINTER HAVEN, FL 00000 FL 33880	54 CITY-ST-ZIP	HAINES CITY, FL.	
TITLE	CD	61 TITLE	D	☑ Change ☐ Addition
NAME	VANDEVENDER, TIM	62 NAME	STEVEN C CRISMAN	
STREET ADDRESS	133 HOMEWOOD DR. SW	63 STREET ADDRESS	P.O. Box 8087 NA	
CITY-ST-ZIP	WINTER HAVEN FL	64 CITY-ST-ZIP	WINTER HAVEN FL 33883	

RECEIVED AFTER MAY 1

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: Harold E. Nordby Harold E. Nordby, Tres. 4/25/95 407-897-7330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0058084