


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90103 031 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N11179</b>                    |  |
| 1. Entity Name<br>SERTOMA YOUTH RANCH, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>85 MYERS RD<br>BROOKSVILLE, FL 34602-8295 US | Mailing Address<br>PO BOX 1871<br>DADE CITY, FL 33526-1871 US |
|---|---|

**50057570**



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

07212005 Chg-NP CR2E037 (10/03)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>59-2603520 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent                |  | 7. Name and Address of New Registered Agent        |  |
| BROOK, V JOHN JR<br>695 CENTRAL AVE<br>ST PETERSBURG, FL 33701 |  | Name   |  |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|  |  | City   |  |
|  |  | <b>FL</b> Zip Code                                 |  |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

|   |  |                                    |  |
|---|--|------------------------------------|--|
| <b>Filing Fee is \$61.25</b><br><b>Due by September 7, 2005</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make check payable to Florida Department of State</b> |
|---|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP1<br>NASHRAIHH, RICHARD<br>6919 SENOL DRIVE<br>TAMPA, FL 33610 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>DITTMAN, STEVE<br>4210 BREEZE WOOD DRIVE<br>ZEPHYRHILLS, FL 33540 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DSEC<br>CHAVIS, DONNA<br>1741 COLMAR DR.<br>HOLIDAY, FL 34690 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVPM<br>FRANTZ, BETTY<br>10011 CARDY ST<br>NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVPP<br>SCHADT, DANNY<br>11118 N 21ST ST<br>TAMPA, FL 33612 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>HICKS, BILLY<br>16041 BONNEVILLE DR<br>DADE CITY, FL 33523 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Billy Hicks **July 21-05** **352-567-4890**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #