


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90102 050 ****61.25

DOCUMENT # N11179
 1. Entity Name
 SERTOMA YOUTH RANCH, INC.



Principal Place of Business
 85 MYERS RD
 BROOKSVILLE, FL 34602-8295 US

Mailing Address
 PO BOX 1871
 DADE CITY, FL 33526-1871 US

60011725



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01222007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-2603520 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BROOK, V JOHN JR
 695 CENTRAL AVE
 ST PETERSBURG, FL 33701

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP1 NASHRAIUH, RICHARD 6919 SENOL DRIVE TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Nasrallah, Richard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DITTMAN, STEVE 4210 BREEZE WOOD DRIVE ZEPHYRHILLS, FL 33540 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSEC CHAVIS, DONNA 1741 COLMAR DR. HOLIDAY, FL 34690 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPM FRANTZ, BETTY 10011 CARDY ST NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPP LIND, MITCH <input checked="" type="checkbox"/> Delete 6801 FLANDERS STR POLK CITY, FL 33868	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPP Schadt, Steve <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2004 E 114th Ave Tampa, FL 33612-6127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HICKS, BILLY <input checked="" type="checkbox"/> Delete 16041 BONNEVILLE DR DADE CITY, FL 33523	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Gossett, Fred <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1408 N 15th St. Lutz, FL 33549-3532

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Richard Nasrallah* **1-31-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #