


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90075 012 ****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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BROOK, V. JOHN JR 695 CENTRAL AVE ST PETERSBURG, FL 33701				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NASRALLAH, RICHARD		NAME		
STREET ADDRESS	6919 SENOL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33610		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DITTMAN, STEVE		NAME		
STREET ADDRESS	4210 BREEZE WOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540		CITY-ST-ZIP		
TITLE	DSEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHAVIS, DONNA		NAME		
STREET ADDRESS	1741 COLMAR DR.		STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY, FL 34690		CITY-ST-ZIP		
TITLE	DVPM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANTZ, BETTY		NAME		
STREET ADDRESS	10011 CARDY ST		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654		CITY-ST-ZIP		
TITLE	DVPP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHADT, STEVE		NAME		
STREET ADDRESS	2004 E 114TH AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33612		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOSSETT, FRED		NAME		
STREET ADDRESS	1408 N 15TH ST		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
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: <i>Richard Nasrallah</i>			Date: 3-21-08		Daytime Phone #: 813-626-0589
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					