

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91227 028 \*\*\*\*61.25

**DOCUMENT # N11272**

1. Entity Name  
**GULF BREEZE SERTOMA CLUB, INC.**



Principal Place of Business  
 1285 POINT EAST CIRCLE  
 GULF BREEZE, FL 32563 US

Mailing Address  
 1285 POINT EAST CIRCLE  
 GULF BREEZE, FL 32563 US

**54051473**

**DO NOT WRITE IN THIS SPACE**

04052004 No Chg-NP CR2E037 (10/03)

4. FEI Number **59-2587239** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NALL, CECIL G**  
 1285 POINT EAST CIRCLE  
 GULF BREEZE, FL 32561

**DO NOT WRITE IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE: TD  
 NAME: NALL, CECIL G  
 STREET ADDRESS: 1285 POINT EAST CIRCLE  
 CITY-ST-ZIP: GULF BREEZE, FL 32561

TITLE: SD  
 NAME: BURKE, MICHAEL  
 STREET ADDRESS: 306 PLANTATION HILL RD  
 CITY-ST-ZIP: GULF BREEZE, FL 32561

TITLE: PD  
 NAME: ~~FRANCE, WILLIAM~~ Schmidt, E. Robert  
 STREET ADDRESS: 3887 BAY WIND DRIVE 1048 Woodbore Circle  
 CITY-ST-ZIP: GULF BREEZE, FL 32563 Gulf Breeze, FL 32563

TITLE:  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

**DO NOT WRITE IN THIS SPACE**

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 empowers.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/05 880-934-5753