




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90023 031 ****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	
2. Principal Place of Business 3376 SANTA ROSA DR.		3. Mailing Address 3376 SANTA ROSA DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State GULF BREEZE, FL		City & State GULF BREEZE, FL	
4. FEI Number 59-2587239		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NALL, CECIL G 1285 POINT EAST CIRCLE GULF BREEZE, FL 32561		7. Name and Address of New Registered Agent Name: WILLIAM C. CLARK Street Address (P.O. Box Number is Not Acceptable): 3376 SANTA ROSA DR. City: GULF BREEZE FL Zip Code: 32563	
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: July 11, 2006	
Filing Fee is \$61.25 Due by September 8, 2006		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: PD NAME: NALL, CECIL G STREET ADDRESS: 1285 POINT EAST CIRCLE CITY-ST-ZIP: GULF BREEZE, FL 32561	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: CLARK, WILLIAM C STREET ADDRESS: 3376 SANTA ROSA DRIVE CITY-ST-ZIP: GULF BREEZE, FL 32563	<input type="checkbox"/> Delete	TITLE: PRESIDENT NAME: STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: WILLIAM, TIM P STREET ADDRESS: 510 DRACENA WAY CITY-ST-ZIP: GULF BREEZE, FL 32563	<input checked="" 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:	<input type="checkbox"/> Delete	TITLE: VICE PRESIDENT TREASURER NAME: CLARK, WILLIAM S. STREET ADDRESS: 4181 SOUNDPOINT DR. CITY-ST-ZIP: GULF BREEZE, FL 32563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: TREASURER VICE PRESIDENT NAME: TURPIN, ROBERT K. STREET ADDRESS: P.O. BOX 95 CITY-ST-ZIP: GULF BREEZE, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: 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 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: 		DATE: July 11, 2006 (850) 932-5490	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	