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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 PM 3:34

DOCUMENT # N11889 (5)

1. Corporation Name

TAMPA BREAKFAST SERTOMA CLUB, INC.

Principal Place of Business

101 E KENNEDY BVD 4000
TAMPA FL 33602-5191

Mailing Address

101 E KENNEDY BVD 4000
TAMPA FL 33602-5191

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/04/1985** 3a. Date of Last Report **02/23/1994**

4. FEI Number **59-2369385** Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

Country

30 Zip

Country **U.S.**

9. Name and Address of Current Registered Agent

**REMMERS, DEAN
C/O TECO ENERGY, INC.
702 N. FRANKLIN ST.
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and (also if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	CLENDINEN, CRAIG P.
STREET ADDRESS	401 E. JACKSON ST.
CITY - ST - ZIP	TAMPA FL
TITLE	PD
NAME	RAYMONDO, MICHAEL
STREET ADDRESS	11210 N. DALE MABRY AVE.
CITY - ST - ZIP	TAMPA FL
TITLE	TD
NAME	REMMERS, DEAN
STREET ADDRESS	702 N FRANKLIN ST
CITY - ST - ZIP	TAMPA FL
TITLE	SD
NAME	BELUHAN, JANE
STREET ADDRESS	3814 SAN PEDRO
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RAYMONDO, MICHAEL	
1.3 STREET ADDRESS	11210 N. DALE MABRY	
1.4 CITY - ST - ZIP	TAMPA, FL. 33618	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SKUMATE, TAMARA	
2.3 STREET ADDRESS	500 N. WESTSHORE, #750	
2.4 CITY - ST - ZIP	TAMPA, FL. 33609	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BRUNETTE, AL	
4.3 STREET ADDRESS	702 N. FRANKLIN ST.	
4.4 CITY - ST - ZIP	TAMPA, FL 33602	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an acknowledgment.

SIGNATURE: *Dean Remmers*

**DEAN REMMERS
TREASURER**

3/27/95

(813) 228-4742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE (Type in Plain Text)