

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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: POST OFFICE BOX 2658 TAMPA FL 33601 US

3. Date Incorporated or Qualified: 11/04/1985
3a. Date of Last Report: 03/31/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	59-2369385	Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD RAYMONDO, MICHAEL 11210 N. DALE MABRY TAMPA FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD SHUMATE, TAMARA 500 N. WESTSHORE, #750 TAMPA, FL. 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD SHUMATE, TAMARA 500 N. WEST SHORE, #750 TAMPA FL	<input type="checkbox"/> DELETE	1.2 NAME	PD MOORE, JAMES D., JR. 211 BANNOCKBURN AVE TEMPLE TERRACE, FL. 33615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	TD REMMERS, DEAN 702 N FRANKLIN ST TAMPA FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	SD LEASON, DEBBIE 5102 E. LONGBOAT BLVD. TAMPA, FL 33615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	SD BRUNETTE, AL 702 N. FRANKLIN ST. TAMPA FL	<input checked="" type="checkbox"/> DELETE	1.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	2.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	3.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	4.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(3)(k), 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 address.

SIGNATURE: Dean Remmers, DEAN REMMERS TREASURER
Date: 2/18/96
Daytime Phone #: (813) 228-4742

CR2E037 (12/95)