

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 18 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



**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 Mailing Address**  
**101 E KENNEDY BVD 4000 POST OFFICE BOX 2658  
TAMPA FL 33602-5191 TAMPA FL 33601-2658  
US**

**3. Date Incorporated or Qualified 11/04/1985** **3a. Date of Last Report 03/21/1996**

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>	<b>4. FEI Number</b>	<b>Applied For</b>
<b>21 400 N Ashley Drive</b>	<b>26</b>	<b>59-2369385</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>22 Suite, Apt. #, etc. Suite 2650</b>	<b>27 Suite, Apt. #, etc.</b>	<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>23 City &amp; State Tampa FL</b>	<b>28 City &amp; State</b>	<b>6. Election Campaign Financing Trust Fund Contribution</b>	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>24 Zip 33602</b>	<b>25 Country</b>	<b>29 Zip</b>	<b>30 Country</b>
<b>9. Name and Address of Current Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>	

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

**81 Name Frank D. Lagor**  
**82 Street Address (P.O. Box Number is Not Acceptable) c/o Wheeler, Herman, Harvey & Lagor, PA**  
**83 400 N. Ashley Drive, Suite 2650**  
**84 City Tampa** **85 Zip Code FL 33602**

**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** *Frank D. Lagor* **FRANK D. LAGOR - TREASURER** **2/13/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b>	<b>CD</b> <input type="checkbox"/> DELETE	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>SHUMATE, TAMARA</b>	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>500 NORTH WESTSHORE #750</b>	<b>1.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA FL</b>	<b>1.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> DELETE	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>MOORE, JAMES D.</b>	<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>211 BANNICKBURN NE</b>	<b>2.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>TEMPLE TERRACE FL</b>	<b>2.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>TD</b> <input checked="" type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>REMMERS, DEAN</b>	<b>3.2 NAME</b>	<b>Frank D. Lagor</b>
<b>STREET ADDRESS</b>	<b>702 N FRANKLIN ST</b>	<b>3.3 STREET ADDRESS</b>	<b>400 N. Ashley Drive, Suite 2650</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA FL</b>	<b>3.4 CITY-ST-ZIP</b>	<b>Tampa FL 33602</b>
<b>TITLE</b>	<b>SD</b> <input checked="" type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>LEASON, DEBBIE</b>	<b>4.2 NAME</b>	<b>Barbara Sinsley</b>
<b>STREET ADDRESS</b>	<b>5102 E LONGBOAT BLVD</b>	<b>4.3 STREET ADDRESS</b>	<b>701 W. Bay Street</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA FL</b>	<b>4.4 CITY-ST-ZIP</b>	<b>Tampa FL 33606</b>
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>		<b>5.2 NAME</b>	<b>Al Brunette</b>
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	<b>c/o TECO, 702 N. Franklin Street</b>
<b>CITY-ST-ZIP</b>		<b>5.4 CITY-ST-ZIP</b>	<b>Tampa FL 33602</b>
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>6.4 CITY-ST-ZIP</b>	

**14. I do 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 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:** *Frank D. Lagor* **FRANK D. LAGOR** **Frank D. Lagor** **813-223-5577**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0046835

CR2E037 (9/96)