

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90018 015 ****61.25

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N11889

1. Corporation Name

TAMPA BREAKFAST SERTOMA CLUB, INC.

Principal Place of Business

Mailing Address

400 NO ASHLEY DRIVE
 STE 2650
 TAMPA FL 33602
 US

POST OFFICE BOX 2658
 TAMPA FL 33601
 US



2. Principal Place of Business

2a. Mailing Address

21 **400 N. Ashley Drive**

26 **Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **FL 1-010-03-06**

27

City & State

City & State

23 **Tampa, FL**

28

Zip

Country

Zip

Country

24 **33602**

25 **US**

29

30

3. Date Incorporated or Qualified

11/04/1985

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

9. Name and Address of Current Registered Agent

LAGOR, FRANK D
 C/O WHEELER, HERMAN, HARVEY & LAGOR PA
 400 NO ASHLEY DR STE 2650
 TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name **Tom Borzell**
 82 Street Address (P.O. Box Number is Not Acceptable)
C/O BANK OF AMERICA
 83 **400 N. Ashley Dr. (FL 1-010-03-06)**
 84 City **Tampa** FL 85 Zip Code **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

Thomas D. Moore

8/7/99

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

TITLE **CD** DELETE
 NAME **MOORE, JAMES D.**
 STREET ADDRESS **211 N. BANNOCKBURN AVE**
 CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

1.1 TITLE **CD** Change Addition
 1.2 NAME **HASARA, Jerry**
 1.3 STREET ADDRESS **3409 LACEWOOD RD**
 1.4 CITY-ST-ZIP **Tampa, FL 33618**

TITLE **TD** DELETE
 NAME **LAGOR, FRANK D**
 STREET ADDRESS **400 NO ASHLEY DRIVE STE 2650**
 CITY-ST-ZIP **TAMPA FL 33602**

2.1 TITLE **TD** Change Addition
 2.2 NAME **BORZELL, TOM**
 2.3 STREET ADDRESS **5010 S. EIBERON ST.**
 2.4 CITY-ST-ZIP **Tampa, FL 33611**

TITLE **SD** DELETE
 NAME **RAYMONDO, MICHAEL**
 STREET ADDRESS **10713 CAPE HATTERAS DR**
 CITY-ST-ZIP **TAMPA FL 33615**

3.1 TITLE **SD** Change Addition
 3.2 NAME **WILLS, Julie**
 3.3 STREET ADDRESS **7402 N. 56th St Ste 901**
 3.4 CITY-ST-ZIP **Tampa, FL 33617**

TITLE **PD** DELETE
 NAME **BRUNETTE, AL**
 STREET ADDRESS **C/O TECO, 702 NO FRANKLIN ST**
 CITY-ST-ZIP **TAMPA FL**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **VD** DELETE
 NAME **MOORE, MELISSA**
 STREET ADDRESS **211 N. BANNOCKBURN AVE**
 CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Thomas D. Moore **SIGNATURE REQUIRED**

8/7/99

813/224-5642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)