


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N11889
 1. Entity Name
TAMPA BREAKFAST SERTOMA CLUB, INC.



Principal Place of Business 5100 W LEMON STREET STE 209 TAMPA, FL 33609 US	Mailing Address POST OFFICE BOX 2658 TAMPA, FL 33601 US
---	---



04212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2369385	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MALONE, EDWARD
 5100 W LEMON STREET
 STE 209
 TAMPA, FL 33624

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2004

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

000000127438
 04/23/04-80074-012 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP HOFFMAN, DALE 7306 BRIGHT WATER OAKS DR TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BORZELL, TOM 5010 S ELBERON STREET TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MALONE, EDWARD 5100 W LEMON STREET TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 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: Edward R Malone 4/21/04 813-639-9333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #