

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706219

**Entity Name:** SOUTH SEMINOLE SERTOMA CLUB INC.

**Current Principal Place of Business:**

183 PAUL MCCLURE CT.  
CASSELBERRY, FL 32707

**Current Mailing Address:**

P.O. BOX 950019  
LAKE MARY, FL 32795

**FEI Number:** 59-2563868

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPITZER, DEBORAH C  
5513 OAKWORTH PLACE  
SANFORD, FL 32773 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name KUHN, THOMAS G  
Address 183 PAUL MCCLURE CT.  
City-State-Zip: CASSELBERRY FL 32707

Title SECRETARY  
Name SPITZER, DEBORAH C  
Address 5513 OAKWORTH PL  
City-State-Zip: SANFORD FL 32773

Title DIRECTOR  
Name BENSON, BURTON  
Address 1963 LOST SPRING CT  
City-State-Zip: LONGWOOD FL 32779

Title PRESIDENT  
Name CHAN, KEYLOR  
Address 533 THAMES CIRCLE  
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR  
Name WINESBURGH, MICHAEL A  
Address 978 DOUGLAS AVE #100  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name ZITO, EDWARD  
Address 502 SAN SEBASTIAN PRADO  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEBORAH SPITZER

**SECRETARY**

**02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date