

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

**FILED  
Feb 25, 2015  
Secretary of State  
CC5763869026**

DOCUMENT# N09000011330

**Entity Name:** SEPA CLUB INC.

**Current Principal Place of Business:**

5448 8 MILE RANCH ROAD  
SAINT CLOUD, FL 34773

**Current Mailing Address:**

6020 CAMP CYPRESS ROAD  
SAINT CLOUD, FL 34773 US

**FEI Number:** 94-3490566

**Certificate of Status Desired:** No

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

HEMPHILL, RITA E  
6020 CAMP CYPRESS ROAD  
SAINT CLOUD, FL 34773 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, PRESIDENT  
Name SANDERS, HUNTER  
Address 816 WAVECREST DRIVE  
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR, TREASURER  
Name HEMPHILL, RITA E  
Address 6020 CAMP CYPRESS ROAD  
City-State-Zip: SAINT CLOUD FL 34773

Title DIRECTOR  
Name SMITH, JOHN A  
Address 5450 8 MILE RANCH ROAD  
City-State-Zip: SAINT CLOUD FL 34773

Title DIRECTOR, VP  
Name SAYRE, GREG  
Address 4373 WYNDCLIFF CIRCLE  
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR  
Name DACATO, MICHAEL  
Address 317 KRUEGER STREET  
City-State-Zip: ORLANDO FL 32839

Title DIRECTOR  
Name MERKEL, MARK  
Address 2612 EAST JERSEY STREET  
City-State-Zip: ORLANDO FL 32806

Title SECRETARY  
Name TOLBERT, LAURA  
Address 633 E HILLCREST ST  
City-State-Zip: ATAMONTE SPRINGS FL 32701

Title DIRECTOR  
Name HOLZSCHUH, CURTIS  
Address 5233 US HWY 98 N  
#22  
City-State-Zip: LAKE LAND FL 33809

**Continues on page 2**

*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:** RITA E HEMPHILL

**REGISTERED  
AGENT/TREAS**

**02/25/2015**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name JENKINS, KEVIN  
Address 460 ALLEN ST  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name HARVEY, RALPH  
Address 5180 COUNTRYSIDE CT  
City-State-Zip: SAINT CLOUD FL 34771

Title DIRECTOR  
Name SMITH, LAURETTA L  
Address 5450 8 MILE RANCH ROAD  
City-State-Zip: SAINT CLOUD FL 34773