

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011330

Entity Name: SEPA CLUB INC.

Current Principal Place of Business:

5448 8 MILE RANCH ROAD
SAINT CLOUD, FL 34773

Current Mailing Address:

5448 8 MILE RANCH 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: RITA E HEMPHELL

03/20/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name SANDERS, HUNTER
Address 816 WAVECREST DR
City-State-Zip: ORLANDO FL 32807

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

Title DIRECTOR, SECRETARY
Name LUX, OLGA JILL
Address 4815 ROBIN DR
City-State-Zip: SAINT CLOUD FL 34772

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

Title DIRECTOR
Name GNAP, CHRIS
Address 9450 CONCORD RD
City-State-Zip: SAINT CLOUD FL 34773

Title DIRECTOR
Name SMITH, LAURETTA
Address 5450 EIGHT MILE RANCH RD
City-State-Zip: SAINT CLOUD FL 34773

Title DIRECTOR
Name SETZER, JOHNATHAN
Address 4749 CITRUS DR
City-State-Zip: SAINT CLOUD FL 34772

Title DIRECTOR
Name KNUDSEN, JARED
Address 398 SAN REMO RD
City-State-Zip: PALM BAY FL 32908

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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 HEMPHELL

TREASURER/REG AGENT 03/20/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DOWDY, RONALD J
Address 6159 SAND PINES ESTATES BLVD
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name GROOVER, SR, JOHN E
Address 1815 E 10TH ST
City-State-Zip: SAINT CLOUD FL 34771

Title DIRECTOR
Name MACKENS, ROLF
Address 3380 OAK DR
City-State-Zip: KISSIMMEE FL 34746

Title DIRECTOR, KEY CHAIR
Name GARMANY, LINDA
Address 9450 CONCORD RD
City-State-Zip: SAINT CLOUD FL 34773