

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11889

**Entity Name:** TAMPA BREAKFAST SERTOMA CLUB, INC.

**Current Principal Place of Business:**

500 N WESTSHORE BOULEVARD  
SUITE 900  
TAMPA, FL 33609

**Current Mailing Address:**

500 N. WESTSHORE BLVD.  
SUITE 500  
TAMPA, FL 33609 US

**FEI Number:** 59-2369385

**Certificate of Status Desired:** No

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

MALONE, EDWARD  
500 N. WESTSHORE BLVD.  
SUITE 500  
TAMPA, FL 33609 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 P  
Name YERIAN, CODY  
Address 8864 58TH WAY  
City-State-Zip: PINELLAS PARK FL 33782

Title T  
Name MALONE, ED  
Address 5100 W LEMON STREET  
City-State-Zip: TAMPA FL 33609

Title S  
Name GOLSON, PAULA  
Address 1108 W INDIANA AVE  
City-State-Zip: TAMPA FL 33603

Title CHAIRMAN  
Name COLDING, TOM  
Address 3302 LAWN AVE.  
City-State-Zip: TAMPA FL 33611

*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:** EDWARD R MALONE

**TREASURER**

**01/29/2020**

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

\_\_\_\_\_  
Date