

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705526 (2)

1. Corporation Name

BREAKFAST SERTOMA CLUB OF ST. PETERSBURG, FLORIDA, INC.



Principal Place of Business

Mailing Address

971 EDEN ISLE DRIVE. NE (ZIP 33704)
P.O. BOX 7752
ST. PETERSBURG FL 33704

971 EDEN ISLE DRIVE. NE (ZIP 33704)
P.O. BOX 7752
ST. PETERSBURG FL 33704

3. Date Incorporated or Qualified
04/25/1963

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 927 31st Ave. NE

26 927 31st Ave. NE

4. FEI Number

59-6213282

Applied For

☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 St. Petersburg, FL

City & State

28 St. Petersburg, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33704

Country

25 Pinellas

Zip

29 33704

Country

30 Pinellas

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRADLEY, E RONALD
3839 4TH STREET NORTH, FIFTH FLOOR
ST. PETERSBURG FL 33703

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUIBERSON, RON M	
STREET ADDRESS	890 LIVE OAK AVE NE	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PIERCE, RORY W	
STREET ADDRESS	7500 21 ST N	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KELLY, JACK J.	
STREET ADDRESS	971 EDEN ISLE DR. NE	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HALLAS, DONALD J	
STREET ADDRESS	906 MONTEREY PT NE	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAXON, DAVID J	
STREET ADDRESS	4325 33RD AVE N	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAYNARD, LESTER B.	
STREET ADDRESS	128 15TH AVENUE N.	
CITY - ST - ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FROST, TOM	
1.3 STREET ADDRESS	850 Village Lake Terrace #205	
1.4 CITY - ST - ZIP	St. Petersburg, 33716	
2.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HASLUP, ALLEN	
2.3 STREET ADDRESS	1380 Monterey Blvd. NE	
2.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33704	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	COREY, BEN	
5.3 STREET ADDRESS	927 31st Ave. NE	
5.4 CITY - ST - ZIP	St. Petersburg, 33704	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)