

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 706219

FILED
Aug 06, 2007
Secretary of State

Entity Name: SOUTH SEMINOLE SERTOMA CLUB INC.

Current Principal Place of Business:

P.O. BOX 743
WINTER PARK, FL 327900743

New Principal Place of Business:

183 PAUL MCCLURE CT.
CASSELBERRY, FL 32707 US

Current Mailing Address:

P.O. BOX 743
WINTER PARK, FL 327900743

New Mailing Address:

183 PAUL MCCLURE CT.
CASSELBERRY, FL 32707 US

FEI Number: 59-1088658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REES, WILLIAM C
107 MADRID CT
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

KUHN, THOMAS G
183 PAUL MCCLURE CT
CASSELBERRY, FL 32707 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: THOMAS KUHN

08/06/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SPITZER, DEBBIE
Address: 3679 DRBYSHIRE RD, APT 111
City-St-Zip: CASSELBERRY, FL 32707

Title: T () Delete
Name: WINESBURGH, BEVERLY
Address: 1303 HILLWAY RD.
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: NEW, LANE
Address: 1160 LAKE ROGERS CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: C () Delete
Name: CHAN, KEYLOR
Address: 533 THAMES CIRCLE
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: OCHS, ROBERT D
Address: 2813 SUMMER FIELD RD.
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: ZITO, EDWARD
Address: 502 SAN SEBASTIAN CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KUHN, THOMAS G
Address: 183 PAUL MCCLURE CT
City-St-Zip: CASSELBERRY, FL 32707 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CHAN, KEYLOR
Address: 533 THAMES CIRCLE
City-St-Zip: LONGWOOD, FL 32750

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS KUHN

P

08/06/2007

Electronic Signature of Signing Officer or Director

Date