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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **706757** (2)
1. Corporation Name
SERTOMA BREAKFAST CLUB OF JACKSONVILLE, INC.

Principal Place of Business 311 W. MONROE ST. P.O. BOX 744 JACKSONVILLE FL 32202 US	Mailing Address P.O. BOX 744 PO BOX 744 JACKSONVILLE FL 32202 US
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3. Date Incorporated or Qualified 01/28/1964	3a. Date of Last Report 03/04/1996
4. FEI Number 59-6213283	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**HALL, RICHARD
5144 SANTA CRUZ LN.
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	D FRUMERIE, WALTER 5852 TANGELWOOD LN. JACKSONVILLE, FL 00000	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	VD HUNTER, LEE P.O. BOX 5720 JACKSONVILLE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PD
<input type="checkbox"/> DELETE	VD MEENA, LINCOLN 2981 RIVERSIDE AVE JACKSONVILLE, FL 00000	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	PD CULPEPPER, JAMES G 33 S HOGAN ST JACKSONVILLE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VD
<input type="checkbox"/> DELETE	TD HALL, RICHARD 5144 SANTA CRUZ LN JACKSONVILLE, FL 00000	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> DELETE	D SKELTON, WAYNE 10850 ASHBORNE TR JACKSONVILLE, FL 00000	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S C Paul Johnson 4112 Timuquana Rd Jacksonville, FL 32210

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Richard Hall* **4-22-97** **904771-039**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0077345

CR2E037 (9/96)