Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 706757

1. Corporation Name

City & State

HALL, RICHARD

SIGNATURE:

Zip

24

SERTOMA BREAKFAST CLUB OF JACKSONVILLE, INC.

Country

9. Name and Address of Current Registered Agent

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Principal Place of Business	Mailing Address P.O. BOX 744 PO BOX 744 JACKSONVILLE FL 32202 US				
311 W. MONROE ST. P.O. BOX 744 JACKSONVILLE FL 32202 US					
2. Principal Place of Business	2a. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				

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City & State

Zip

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90013 025 ****61.25



3. Date Incorporated or Qualifed 01/28/1964 4. FEI Number

5. Certificate of Status Desired

Trust Fund Contribution

Election Campaign Financing

10. Name and Address of New Registered Agent

Richard L. Hall 1-25-99 904 772-0301

59-6213283

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

5144 SANTA CRUZ LN. JACKSONVILLE FL 32210			<u> </u>	<u> </u>							
			83								
			84	City		85	Zip Co	de			
					FL						
office or re	egistered agent, or both, in the State of Florida, Such	change was author	onzed by	tne corp	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appoi	changin intment a	g its reg is regis	gistered tered			
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.	urgrusiara	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRE	CTORS	S IN 12			
TITLE	D	☐ DELETE	1.1 TITLE			Cha Cha	nge	Addition			
NAME	FRUMERIE, WALTER		1.2 NAME								
STREET ADDRESS	5652 TANGELWOOD LN.		13STRFE	TADDRESS							
CITY-ST-ZIP	JACKSONVILLE, FL 00000		1.4 CITY+S		22//		•				
TITLE	PD	□ DELETE	2.1 TITLE	D		(X) Cha	nge	☐ Addition			
NAME	HUNTER, LEE		2.2 NAME								
STREET ADDRESS	175 BARBERRY LN		2.3 STREE	T ADDRESS							
CITY-ST-ZIP	PONTE VERDE BEACH FL 32082		2.4 CITY-5	ST-ZIP							
TITLE	VD	☐ DELETE	3.1 TITLE			⊠ Cha	nge	Addition			
NAME	MEENA, LINCOLN		3.2 NAME								
STREET ADDRESS	2981 RIVERSIDE AVE		3.3 STREE	TADDRESS							
CITY-ST-ZIP	JACKSONVILLE, FL 00000		3.4. CITY-5	ST-ZIP 3	2205						
TITLE	VD	▼ DELETE	4.1 TITLE		P	Cha	nge	Addition			
NAME	CULPEPPER, JAMES G		4. 2 NAME		LEEDY, DAVID 3101 Southern Hills Circle W			1			
STREET AODRESS	33 S HOGAN ST		4.3 STREE	T ADDRESS							
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-5	ST-ZIP	Jacksonville FL 32225						
πιε	TD	☐ DELETE	5.1 TITLE			☑ Cha	nge	☐ Addition			
NAME	HALL, RICHARD		5.2 NAME					ļ			
STREET ADDRESS	5144 SANTA CRUZ LN		5.3 STREE	TADDRESS							
CITY-ST-ZIP	JACKSONVILLE, FL 00000		5.4 CITY-5	ST-ZIP 3	22/0						
TITLE	S	☐ DELETE	6.1 TITLE			Cha	nge	Addition [
NAME	JOHNSON, C PAUL		6.2 NAME					İ			
STREET ADDRESS	4112 TIMUQUANA RD		6.3 STREE	TADDRESS							
CITY-ST-ZIP	JACKSONVILLE, FL 00000		6.4 CITY-5		32244						
14. I 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 on 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, with all other like empowered.											

Country

Name

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