FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 25 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 711332 (7)

1. Corporation Name
TAMPA EAST SERTOMA CLUB, INC.

Principal Place of Business	Mailing Address
507 W EMMA ST TAMPA FL 33603	507 W EMMA ST TAMPA FL 33603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1966
3a. Date of Last Report: 03/03/1994
4. FEI Number: 59-6213372 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

RAWLS, E. O.
507 W EMMA ST
TAMPA FL 33603

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	GRIFFIN, JACK	1.2 NAME	RANON, CARLOS	
STREET ADDRESS	15819 DAMSON RIDGE DR	1.3 STREET ADDRESS	11504 LIPSEY RD	
CITY-ST-ZIP	TAMPA FL 33647	1.4 CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	SD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	CORNELIUS, MIKE	2.2 NAME	WEISS, JIM	
STREET ADDRESS	6419 GOMEZ AVE N	2.3 STREET ADDRESS	11721 PHOENIX CIRCLE	
CITY-ST-ZIP	TAMPA FL 33614	2.4 CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	RAWLS, ED	3.2 NAME		
STREET ADDRESS	507 W EMMA ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33603	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	BLACKBURN, AL	4.2 NAME	ECKARD, BRUCE	
STREET ADDRESS	16812 WILLOW GLEN	4.3 STREET ADDRESS	16590 BRIGADOON DR.	
CITY-ST-ZIP	ODESSA FL 33556	4.4 CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	XX	5.1 TITLE		☐ Change ☐ Addition
NAME	XXXXXXXXXXXXXXX	5.2 NAME		
STREET ADDRESS	XXXXXXXXXXXXXXX	5.3 STREET ADDRESS		
CITY-ST-ZIP	XXXXXXXXXXXXXXX	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: E.O. Rawls E.O. Rawls 1/19/95 813-664-0401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000338