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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 711332 (7)

1. Corporation Name

TAMPA EAST SERTOMA CLUB, INC.

Principal Place of Business	Mailing Address
706 DOWNS AVE TEMPLE TERRACE FL 33617 US	706 DOWNS AVE TEMPLE TERRACE FL 33617-4224 US

3. Date Incorporated or Qualified: 08/12/1966
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-6213372 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. **Name and Address of Current Registered Agent**

BECCUE, PAUL R. O.
706 DOWNS AVE
TEMPLE TERRACE FL 33617

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 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 _____ 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	☑ DELETE	1.1 TITLE	President/Director	☐ Change ☑ Addition
NAME	HAYES, STAN SR.		1.2 NAME	claude Holly Sicld	
STREET ADDRESS	12004 GAINES CT		1.3 STREET ADDRESS	P.O. Box 445	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa, Fl 33601-0445	
TITLE	SD	☑ DELETE	2.1 TITLE	Secretary/Director	☐ Change ☑ Addition
NAME	REVILLE, JACK		2.2 NAME	Tim McMurry	
STREET ADDRESS	POST OFFICE BOX 1561		2.3 STREET ADDRESS	8120 Sheron Dr.	
CITY-ST-ZIP	BRANDON FL		2.4 CITY-ST-ZIP	Tampa, Fl 33617	
TITLE	PD	☐ DELETE	3.1 TITLE	Treasurer/Director	☑ Change ☐ Addition
NAME	BECCUE, PAUL F. O.		3.2 NAME		
STREET ADDRESS	706 DOWNS AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DISOTELL, DICK		4.2 NAME		
STREET ADDRESS	1720 DOVE FIELD PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Paul F. O. Beccue REQUIRED PAUL F. O. Beccue Treasurer 1/9/97 1-813-988-4583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0048369