FILE NOW: FILING FEE IS $61.25

FILED
Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 US

3. Date Incorporated or Qualified: 08/12/1966

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

2. Principal Place of Business	2a. Mailing Address
21 13903 SEAFORTH MANOR WAY	26 13903 SEAFORTH MANOR WAY
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TAMPA, FL	28 City & State: TAMPA FL
24 Zip: 33613 25 Country: USA	29 Zip: 33613 30 Country: USA

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BECCUE, PAUL R. O. 706 DOWNS AVE TEMPLE TERRACE FL 33617	81 Name: JOHNSON, SIGFRID N 82 Street Address (P.O. Box Number is Not Acceptable): 13903 SEAFORTH MANOR WAY 83 84 City: TAMPA FL 85 Zip Code: 33613

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] SIGFRID N JOHNSON TREASURER 2/6/98
(Signature of new or previous 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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HOLLYFIELD, CLAUDE		1.2 NAME	DUDLEY WALKER	
STREET ADDRESS	P O BOX 495		1.3 STREET ADDRESS	6502 SUGARFOOT CT	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA FL 33625	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCMUTTY, TIM		2.2 NAME	→ OK	
STREET ADDRESS	8020 SHARON DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	BECCUE, PAUL F. O.		3.2 NAME	SIGFRID N JOHNSON	
STREET ADDRESS	706 DOWNS AVE		3.3 STREET ADDRESS	13903 SEAFORTH MANOR WAY	
CITY-ST-ZIP	TEMPLE TERRACE FL		3.4 CITY-ST-ZIP	TAMPA FL 33613	
TITLE	VPD	☒ DELETE	4.1 TITLE	VPD	☒ Change ☐ Addition
NAME	DISOTELL, DICK		4.2 NAME	STAN MARTIN	
STREET ADDRESS	1720 DOVE FIELD PLACE		4.3 STREET ADDRESS	117 HOLLY TREE LN	
CITY-ST-ZIP	BRANDON FL		4.4 CITY-ST-ZIP	BRANDON FL 33511	
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 (10/97)

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 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: [signature] SIGFRID N JOHNSON TREASURER 1/14/98 813 882-1787