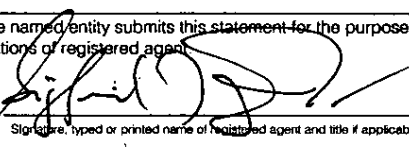
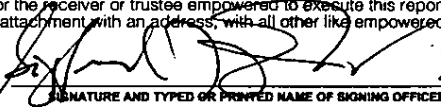


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90270 030 ****70.00

DOCUMENT # 711332 1. Entity Name TAMPA EAST SERTOMA CLUB, INC.					
Principal Place of Business 13903 SEAFORTH MANOR WAY TAMPA, FL 33613-1926 US			Mailing Address 13903 SEAFORTH MANOR WAY TAMPA, FL 33613-1926 US		
2. Principal Place of Business SAME		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6213372	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, SIGFRID N. 13903 SEAFORTH MANOR WAY TAMPA, FL 33613			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  SIGFRID N JOHNSON, TREASURER 3/20/2006 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	☐ Delete		TITLE CD	☒ Change ☐ Addition	
NAME HIMES, ALLAN	STREET ADDRESS 2829 LUTZ LAKE FERN ROAD		NAME →	STREET ADDRESS →	
CITY-ST-ZIP LUTZ, FL 335584989			CITY-ST-ZIP →		
TITLE CD	☒ Delete		TITLE 	☐ Change ☐ Addition	
NAME WAGNER, JIM	STREET ADDRESS 11723 PHOENIX CIRCLE		NAME 	STREET ADDRESS 	
CITY-ST-ZIP TAMPA, FL 33618			CITY-ST-ZIP 		
TITLE SD	☒ Delete		TITLE SD	☐ Change ☒ Addition	
NAME SHEPLER, STEVE	STREET ADDRESS 5114 VINSON DR		NAME CHISHOLM, WILLIAM	STREET ADDRESS 2202 PIER DR	
CITY-ST-ZIP TAMPA, FL 33610			CITY-ST-ZIP RUSKIN, FL 33570		
TITLE TD	☐ Delete		TITLE →	☐ Change ☐ Addition	
NAME JOHNSON, SIGFRID N	STREET ADDRESS 13903 SEAFORTH MANOR WAY		NAME 	STREET ADDRESS 	
CITY-ST-ZIP TAMPA, FL 336131926			CITY-ST-ZIP 		
TITLE VD	☒ Delete		TITLE VD	☐ Change ☒ Addition	
NAME MORGAN, JAMES R	STREET ADDRESS 38949 1ST AE		NAME HOWELL, JOSEPH	STREET ADDRESS 11311 CARROLLWOOD WEST PL	
CITY-ST-ZIP ZEPHYRHILLS, FL 33542			CITY-ST-ZIP TAMPA, FL 33618		
TITLE 	☐ Delete		TITLE PD	☐ Change ☒ Addition	
NAME 	STREET ADDRESS 		NAME GLENN, CHARLES V	STREET ADDRESS 19568 DEER LAKE RD.	
CITY-ST-ZIP 			CITY-ST-ZIP LUTZ, FL 33548		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  SIGFRID N JOHNSON, TREASURER 813 968-1876 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

50005745



03172006 Chg-NP CR2E037 (11/05)

3/20/2006