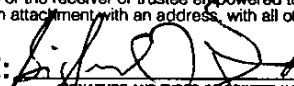


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90037 005 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6213372	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
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 Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	CD MOSES, TERRY 22020 HEATHERWOOD LN. LAND O LAKES, FL 34639	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARVIN MEYER 4202 CARROLLWOOD VILLAGE DRIVE TAMPA FL 33618	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEISS, CARL 10712 ACRROLL LAKE DR. TAMPA, FL 33618	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, SIGFRID N 13903 SEAFORTH MANOR WAY TAMPA, FL 336131926	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOWELL, JOSEPH 11311 CARROLLWOOD WEST PL TAMPA, FL 33618	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEORGE GASKELL 4447 SUMMER OAK DRIVE TAMPA, FL 33618	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLENN, CHARLES V 19568 DEER LAKE DR LUTZ, FL 33548	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD 	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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 2/1/2008 813968-1876 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					