

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711332

FILED
Apr 14, 2009
Secretary of State

Entity Name: TAMPA EAST SERTOMA CLUB, INC.

Current Principal Place of Business:

13903 SEAFORTH MANOR WAY
TAMPA, FL 336131926 US

New Principal Place of Business:

Current Mailing Address:

13903 SEAFORTH MANOR WAY
TAMPA, FL 336131926 US

New Mailing Address:

FEI Number: 59-6213372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, SIGFRID N.
13903 SEAFORTH MANOR WAY
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

JOHNSON, SIGFRID N.
13903 SEAFORTH MANOR WAY
TAMPA, FL 336131926 US

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.

SIGNATURE: _____

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MEYER, MARVIN
Address: 4202 CARROLLWOOD VILLAGE DRIVE
City-St-Zip: TAMPA, FL 33618

Title: PD () Delete
Name: STEISS, CARL
Address: 10712 ACRROLL LAKE DR.
City-St-Zip: TAMPA, FL 33618

Title: TD () Delete
Name: JOHNSON, SIGFRID N
Address: 13903 SEAFORTH MANOR WAY
City-St-Zip: TAMPA, FL 336131926

Title: VD () Delete
Name: GASKELL, GEORGE
Address: 4447 SUMMER OAK DRIVE
City-St-Zip: TAMPA, FL 33618

Title: CD () Delete
Name: GLENN, CHARLES V
Address: 19568 DEER LAKE DR
City-St-Zip: LUTZ, FL 33548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: ECKARD, BRUCE A
Address: 4029 PRIORY CIRCLE
City-St-Zip: TAMPA, FL 33618 US

Title: CD (X) Change () Addition
Name: STEISS, CARL
Address: 10712 CARROLL LAKE DR.
City-St-Zip: TAMPA, FL 33618 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BRANSFORD, JAMES C
Address: 810 BEN LOMOND DRIVE
City-St-Zip: TEMPLE TERRACE, FL 336174220 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGFRID N JOHNSON

T/D

04/14/2009

Electronic Signature of Signing Officer or Director

Date