FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 713628 (6)

1. Corporation Name

CLEARWATER BREAKFAST SERTOMA CLUB, INC.

Principal Place of Business	Mailing Address
1230 S MYRTLE STE ~~206~~ 302 CLEARWATER FL 34616	1230 S MYRTLE STE 206 CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1967
3a. Date of Last Report: 03/31/1994
4. FEI Number: 71-3628620 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1230 S. MYRTLE ST.	26 CLEARWATER BREAKFAST SERTOMA CLUB
Suite, Apt. #, etc. 22 302	Suite, Apt. #, etc. 27 P.O. BOX 665
City & State 23 CLEARWATER FL	City & State 28 CLEARWATER, FL
Zip / County 24 34616 / 25 PINELLAS	Zip / County 29 34617 / 30 PINELLAS

9. Name and Address of Current Registered Agent

ROBBINS, RICHARD
1230 S. MYRTLE STE ~~206~~ 302
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

31 Name: RICHARD ROBBINS
32 Street Address (P.O. Box Number is Not Acceptable): 1230 S. MYRTLE ST., SUITE 302
33
34 City: CLEARWATER FL 35 Zip Code: 34616

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (MUST be Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☑ Change ☐ Addition
NAME	~~LYKES, CHARLES~~	12 NAME	DOBOSZ, STEPHEN	
STREET ADDRESS	~~1810 ALBRIGHT DR~~	13 STREET ADDRESS	13582 CORDOVA DR.	
CITY · ST · ZIP	~~CLEARWATER FL~~	14 CITY · ST · ZIP	LARGO, FL 34644	
TITLE	D	21 TITLE	D	☑ Change ☐ Addition
NAME	~~WIDEMEYER, CARLETON~~	22 NAME	ATTEBERRY, BILL	
STREET ADDRESS	~~2201 BELLEAIR RD~~	23 STREET ADDRESS	421 BELLE ISLE	
CITY · ST · ZIP	~~CLEARWATER FL~~	24 CITY · ST · ZIP	BELLEAIR BEACH, FL 34635	
TITLE	D	31 TITLE	D	☑ Change ☐ Addition
NAME	~~KIRKBRIDE, HAROLD~~	32 NAME	RUGGIE, WILLIAM	
STREET ADDRESS	~~1801 HERCULES AVE N 1205~~	33 STREET ADDRESS	1500 W. BAY DR. #214	
CITY · ST · ZIP	~~CLEARWATER FL~~	34 CITY · ST · ZIP	LARGO, FL 34640	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	INSALACO, ROBERT	42 NAME		
STREET ADDRESS	9656 TARA CAY CT	43 STREET ADDRESS		
CITY · ST · ZIP	SEMINOLE FL	44 CITY · ST · ZIP		
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	ASHBROOK, STANLEY	52 NAME		
STREET ADDRESS	1550 S BELCHER RD #211	53 STREET ADDRESS		
CITY · ST · ZIP	CLEARWATER FL	54 CITY · ST · ZIP		
TITLE	S	61 TITLE		☐ Change ☐ Addition
NAME	CONOVER, JOHN	62 NAME		
STREET ADDRESS	1111 BAYSHORE BLVD #C-6	63 STREET ADDRESS		
CITY · ST · ZIP	CLEARWATER FL	64 CITY · ST · ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: John O Conover JOHN O. CONOVER 4/27/95 (813) 544-1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0044231