

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90025 004 \*\*\*\*61.25

**DOCUMENT # 713628**

1. Entity Name  
**CLEARWATER BREAKFAST SERTOMA CLUB, INC.**



Principal Place of Business  
**301 JASMINE WAY  
CLEARWATER, FL 33756 US**

Mailing Address  
**CLEARWATER BREAKFAST SERTOMA CLUB  
P.O. BOX 665  
CLEARWATER, FL 33757 US**

**24001098**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**71-3628620**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAMIESON, HARRY B  
301 JASMINE WAY  
CLEARWATER, FL 34698**

Name

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

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, 2004**

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  
**COB  
BITMAN, AL  
12707 CORRALL RD  
TAMPA, FL 33626** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
ZUMBAUGH, GARY  
736 ISLAND WAY #904  
CLEARWATER FL 33767** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COB  
MYERS, JAY  
5989 HILLSIDE DR  
SEMINOLE, FL 33772** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
WEIDEMEYER, C.L.  
2261 BELLEAIR ROAD  
CLEARWATER, FL 33764** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
DELEO, SAM  
18675 US HWY #19 BAY ARISTOCRAT #231  
CLEARWATER, FL 33764** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
SMITH, MARK  
701 BAY ESPLANADE  
CLEARWATER FL 33767** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BROGA, LARRY  
2390 WEYMOUTH DR  
CLEARWATER, FL 33764** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SAD  
MOSES, HENRY  
2514 BAY BERRY DR  
CLEARWATER, FL 33763** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
HARRY JAMIESON  
301 JASMINE WAY  
CLEARWATER, FL 33756** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MATHENY, MARK  
3342 DUNWOODY CT  
CLEARWATER FL 33761** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
CONOVER, JOHN  
1111 BAYSHORE BLVD., #F-9  
CLEARWATER, FL 33759** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
INSALACO, ROBERT  
3149 ROSEMARY RD.  
LARGO FL 33770** ☐ Change ☒ Addition

12. 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 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:**

**Harry B. Jamieson, Treasurer**

**(727) 734-5437**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #