





2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90043 001 ****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			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip 		3. Mailing Address 301 Jasmine Way Suite, Apt. #, etc. City & State Clearwater, FL Zip 33756-3819 Country USA					
01232006 Chg-NP CR2E037 (11/05)		4. FEI Number 71-3628620 59-6211871		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent JAMIESON, HARRY B 301 JASMINE WAY CLEARWATER, FL 34698			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				
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 		Harry B Jamieson, Registered Agent		1/23/2006 <small>DATE</small>			
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	COBD ZUMBAUGH, GARY 700 ISLAND WAY #304 CLEARWATER BEACH, FL 33767		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD DELEO, SAM 18675 US HWY 19, LOT #231 CLEARWATER FL 33764		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELEO, SAM 18675 US HWY #10 NORTH #231 CLEARWATER, FL 33764		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATHENY, MARK 3342 DUNWOODY CT CLEARWATER FL 33761		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DELEO, SAM 18675 US HWY #10 BAY ARISTOCRAT #231 CLEARWATER, FL 33764		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEIDEMEYER, C.L. 501 S FT HARRISON AVE, SUITE 1 CLEARWATER FL 33756		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEIDEMEYER, C.L. 2261 BELLEAIR ROAD CLEARWATER, FL 33764		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ATTEBERRY, ALEX 2994 COVEWOOD PL CLEARWATER FL 33761		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAMIESON, HARRY 301 JASMINE WAY CLEARWATER, FL 33756		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONOVER, JOHN 1111 BAYSHORE BLVD., #F-9 CLEARWATER, FL 33759		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Harry B Jamieson, Treasurer		1/23/2006 (727) 734-5437 <small>Date Daytime Phone #</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>			