

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **715831** (4)

1. Corporation Name

SERTOMA CLUB OF ORLANDO, INC.



Principal Place of Business

Mailing Address

~~401 E JACKSON ST STE #101~~
P. O. BOX 2483
ORLANDO FL 32802

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P. O. BOX 2483
ORLANDO FL 32802

3. Date Incorporated or Qualified
01/02/1969

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARTER, BILL
401 E. JACKSON ST., STE. #101
ORLANDO, FL
32801

81 Name

~~BUNKER, WILLIAM H.~~
Street Address (P.O. Box Number is Not Acceptable)
1914 Kingsland Av

83

84 City

Orlando

FL

85 Zip Code

32808-5553

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **William H. Bunker, Secretary**

William H. Bunker, Sec.

May 4, 1996

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME ~~**NORRIS, GREGORY C.**~~
STREET ADDRESS **5996 BENT PINE DR., #3201**
CITY-ST-ZIP **ORLANDO FL**

11 TITLE **PD** ☐ Change ☒ Addition
12 NAME **Hauser, Camille D.**
13 STREET ADDRESS **9316 Dearmont Av Orlando FL 32825**
14 CITY-ST-ZIP

TITLE **PD** ☒ DELETE
NAME **FORNEY, CYNTHIA**
STREET ADDRESS **107 MADRID DR.**
CITY-ST-ZIP **ORLANDO FL**

21 TITLE **D** ☒ Change ☐ Addition
22 NAME **Rees, Cynthia**
23 STREET ADDRESS **107 Madrid Dr Casselberry, FL 32707-5708**
24 CITY-ST-ZIP

TITLE **V** ☒ DELETE
NAME **WINNER, BRUCE**
STREET ADDRESS **9313 RAVEN DELL ST.**
CITY-ST-ZIP **ORLANDO FL**

31 TITLE **D** ☒ Change ☐ Addition
32 NAME **Winner, Bruce**
33 STREET ADDRESS **9313 Raven Dell St**
34 CITY-ST-ZIP **Orlando FL 32825-8088**

TITLE **VD** ☒ DELETE
NAME **GARRITY, WILLIAM J.**
STREET ADDRESS **6053 LEXINGTON PARK**
CITY-ST-ZIP **ORLANDO FL**

41 TITLE **T** ☒ Change ☐ Addition
42 NAME **Garritty, William J.**
43 STREET ADDRESS **6053 Lexington Park**
44 CITY-ST-ZIP **Orlando, FL 32819-4433**

TITLE **D** ☒ DELETE
NAME **MCCALL, JOHN R.**
STREET ADDRESS **933 WEDGEWOOD DR**
CITY-ST-ZIP **WINTER SPRINGS FL**

51 TITLE **S** ☐ Change ☒ Addition
52 NAME **Bunker, William H.**
53 STREET ADDRESS **1914 Kingsland Av**
54 CITY-ST-ZIP **Orlando, FL 32808-5553**

TITLE **D** ☐ DELETE
NAME **WISE, JOHN W.**
STREET ADDRESS **1582 PINEHURST DR.**
CITY-ST-ZIP **CASSELBURY FL**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(k), 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: **WILLIAM H. BUNKER, SECRETARY**

May 7, 1996

407/243-1521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William H. Bunker

Date

Daytime Phone #

CR2E037 (12/95)