

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVAL  
AND  
FILED

98 NOV 19 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



000595

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 715831

(4)

1. Corporation Name

SERTOMA CLUB OF ORLANDO, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2483  
ORLANDO FL 32802  
US

P.O. BOX 2483  
ORLANDO FL 32802  
US

3. Date Incorporated or Qualified

01/02/1969

4. FEI Number

59-6213291

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BUNKER, WILLIAM H.  
1914 KINGSLAND AVENUE  
32808

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

900002707373-1

83

-12/03/98--01070--010

84 City

\*\*\*\*\*61.25 \*\*\*\*\*25

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME HAUSER, CAMILLE D.  
STREET ADDRESS 223 W LAKE FAITH DR  
CITY-ST-ZIP MAITLAND FL

TITLE PE ☐ DELETE  
NAME WAGES, JEANNETE  
STREET ADDRESS 1201 N ORLANDO AVE  
CITY-ST-ZIP WINTER PARK FL

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

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

TITLE S ☐ DELETE  
NAME BUNKER, WILLIAM H.  
STREET ADDRESS 1914 KINGSLAND AVENUE  
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE  
NAME WISE, JOHN W.  
STREET ADDRESS 1414 GAY RD  
CITY-ST-ZIP WINTER PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President (P) ☐ Change ☒ Addition  
1.2 NAME Stephen B Parent  
1.3 STREET ADDRESS 2036 Bluff Oak St.  
1.4 CITY-ST-ZIP Apopka, FL 32712-3945

2.1 TITLE (C) President of Board ☒ Change ☐ Addition  
2.2 NAME Jeannette WAGES  
2.3 STREET ADDRESS 1201 S Orlando Ave.  
2.4 CITY-ST-ZIP Winter Park, FL 32789

3.1 TITLE (D) ☐ Change ☒ Addition  
3.2 NAME John McCall  
3.3 STREET ADDRESS 1413 Fairway Oaks Dr.  
3.4 CITY-ST-ZIP Casselberry, FL 32803

4.1 TITLE (T) Treasurer ☐ Change ☒ Addition  
4.2 NAME Josephine R Morris  
4.3 STREET ADDRESS 1201 S Orlando Ave  
4.4 CITY-ST-ZIP Winter Park, FL 32789

5.1 TITLE (D) ☐ Change ☒ Addition  
5.2 NAME Jackie Lindsey  
5.3 STREET ADDRESS 1414 Gay Rd  
5.4 CITY-ST-ZIP Winter Park, FL 32789

6.1 TITLE (D) ☐ Change ☒ Addition  
6.2 NAME John Stephens  
6.3 STREET ADDRESS 5335 #2 White Cliff Lane  
6.4 CITY-ST-ZIP Orlando, FL 32812-8822

14. 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 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:

Opportunity Renewed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/98

Date

407-740-5100

Daytime Phone #

CR2E037 (5/98)