

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90022 027 ****61.25

DOCUMENT # 715831

1. Corporation Name

SERTOMA CLUB OF ORLANDO, INC.

Principal Place of Business

P.O. BOX 2483
ORLANDO FL 32802
US

Mailing Address

P.O. BOX 2483
ORLANDO FL 32802
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/02/1969

4. FEI Number

59-6213291

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

9. Name and Address of Current Registered Agent

BUNKER, WILLIAM H.
1914 KINGSLAND AVENUE
ORLANDO FL 32808-5553

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 P ☒ DELETE

NAME PARENT, STEPHEN B
STREET ADDRESS 2036 BLUFF OAK ST
CITY-ST-ZIP APOPKA FL 32712-3945

TITLE C ☒ DELETE

NAME WAGES, JEANNETTE
STREET ADDRESS 1201 S ORLANDO AVE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ DELETE

NAME MCCALL, JOHN
STREET ADDRESS 1413 FAIRWAY OAKS DR
CITY-ST-ZIP CASSELBERRY FL 32803

TITLE T ☒ DELETE

NAME MORRIS, JOSEPHINE R
STREET ADDRESS 1201 S. ORANGE AVE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ DELETE

NAME LINDSEY, JACKIE
STREET ADDRESS 1414 GAY RD
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ DELETE

NAME STEPHENS, JOHN
STREET ADDRESS 5335 #2 WHITE CLIFF LANE
CITY-ST-ZIP ORLANDO FL 32812-8822

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME P
1.3 STREET ADDRESS David Moore
1.4 CITY-ST-ZIP 8612 Villa Pt #434
Orlando, FL 32810

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/99

Date

Daytime Phone #

CR2E037 (5/99)