

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90041 006 ****61.25

DOCUMENT # 717513

1. Entity Name
CYPRESS GARDENS SERTOMA CLUB, INC.



Principal Place of Business
1825 SIXTH STREET S.E.
WINTER HAVEN FLA, 33880

Mailing Address
P.O. BOX 831
WINTER HAVEN, FL 33882 US

50013739



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-6213295

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

KENNEDY, J. KELLY
798 W. LAKE OTIS DR.
WINTER HAVEN, FL 33880

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, 2005

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 TSD ☐ Delete
STREET ADDRESS SHRAMM, LARRY
CITY-ST-ZIP 1500 AVE G NE
WINTER HAVEN, FL 33880

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME D ☐ Delete
STREET ADDRESS CRISMAN, STEVEN
CITY-ST-ZIP 2012 17TH ST. N.W.
WINTER HAVEN, FL 33883

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME D ☐ Delete
STREET ADDRESS SWART, BILL
CITY-ST-ZIP 4375 DIAMOND RD SW
WINTER HAVEN, FL 33880

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME PD ☐ Delete
STREET ADDRESS HILL, ELMER
CITY-ST-ZIP 4818 OAK ACRES DRIVE
LAKE WALES, FL 33898

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Lawrence W Schramm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LAWRENCE W SCHRAMM

2/9/05 863 299 4168