


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2008 8:00 am
Secretary of State

06-20-2008 90002 002 ****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		
2. Principal Place of Business - No P.O. Box # 70 GREENFIELD CT.		3. Mailing Address Suite, Apt. #, etc.			
City & State WINTER HAVEN, FL		City & State WINTER HAVEN, FL		4. FEI Number 59-6213295	
Zip 33884		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHRAMM, LAWRENCE W 1500 AVENUE G NE WINTER HAVEN, FL 33881-4351			7. Name and Address of New Registered Agent Name: NORMAN COVER Street Address (P.O. Box Number is Not Acceptable): 70 GREENFIELD CT. City: WINTER HAVEN FL Zip Code: 33884		
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: <i>Norman Cover</i> NORMAN COVER 6-17-2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		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	TSD SHRAMM, LARRY 1500 AVE G NE WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, ELMER 4818 OAK ACRES DRIVE LAKE WALES, FL 33898	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEFFREY NUNEMAKER 502 6TH ST. S. DUNDEE, FL 33838	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MARTHA ANGOLD 1301 CAMP ENDEAVOR BLVD. DUNDEE, FL 33838	<input type="checkbox"/> Delete			
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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: <i>Jeffrey E. Nunemaker</i> JEFFREY E. NUNEMAKER 6/17/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40108710



06122008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

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

Name: NORMAN COVER

Street Address (P.O. Box Number is Not Acceptable): 70 GREENFIELD CT.

City: WINTER HAVEN FL Zip Code: 33884

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