

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717513

FILED
Apr 24, 2009
Secretary of State

Entity Name: CYPRESS GARDENS SERTOMA CLUB, INC.

Current Principal Place of Business:

70 GREENFIELD CT
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

70 GREENFIELD CT
WINTER HAVEN, FL 33884

FEI Number: 59-6213295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COVER, NORMAN
70 GREENFIELD CT
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

COVER, NORMAN B
70 GREENFIELD CT
WINTER HAVEN, FL 33884 US

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.

SIGNATURE: N B COVER

04/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HILL, ELMER
Address: 4818 OAK ACRES DRIVE
City-St-Zip: LAKE WALES, FL 33898

Title: PD () Delete
Name: NUNEMAKER, JEFFREY
Address: 502 6TH ST S
City-St-Zip: DUNDEE, FL 33838

Title: TS () Delete
Name: ANGOLD, MARTHA
Address: 1301 CAMP ENDEAVOR BLVD
City-St-Zip: DUNDEE, FL 33838

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HILL, ELMER C
Address: 4818 OAK ACRES DRIVE
City-St-Zip: LAKE WALES, FL 33898 US

Title: PD (X) Change () Addition
Name: NUNEMAKER, JEFFREY
Address: 502 6TH ST S
City-St-Zip: DUNDEE, FL 33838 US

Title: ST (X) Change () Addition
Name: SCHRAMM, LAWRENCE
Address: 4060 LAKE MARIANNA DR
City-St-Zip: WINTER HAVEN, FL 33881 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: N B COVER

RA

04/24/2009

Electronic Signature of Signing Officer or Director

Date