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FILED

Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 721507 (2)
1. Corporation Name

BREAKFAST SERTOMA CLUB OF SARASOTA, INC.

Principal Place of Business

6465 KAHANA WAY
P O BOX 1712
SARASOTA FL 34230

Mailing Address

6465 KAHANA WAY
P O BOX 1712
SARASOTA FL 34230-17123. Date Incorporated or Qualified
08/11/19713a. Date of Last Report
01/30/19964. FEI Number
59-1694739Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

GIBBS, GEOFFREY A.
6465 KAHANA WAY
SARASOTA, FL
34241

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 T ☐ DELETE
NAME GIBBS, GEOFFREY A.
STREET ADDRESS 6465 KAHANA WAY
CITY - ST - ZIP SARASOTA, FL 00000TITLE D ☐ DELETE
NAME LEVANTI, KEN
STREET ADDRESS 1824 TOWERING OAK DR
CITY - ST - ZIP SARASOTA FLTITLE S ☒ DELETE
NAME BOSWELL, DEWEY
STREET ADDRESS 5498 BENEVA WOODS HWY
CITY - ST - ZIP SARASOTA FLTITLE D ☐ DELETE
NAME BLIX, DARWIN
STREET ADDRESS 3731 PRAIRIE DUNES DR.
CITY - ST - ZIP SARASOTA FLTITLE P ☒ DELETE
NAME HYNES, DICK
STREET ADDRESS 4122 PRAIRIE VIEW SO
CITY - ST - ZIP SARASOTA FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP2.1 TITLE T ☐ Change ☒ Addition
2.2 NAME WILLIAM CUNNINGHAM
2.3 STREET ADDRESS 8254 CYPRESS HOLLOW DR.
2.4 CITY - ST - ZIP SARASOTA, FL 342383.1 TITLE S ☐ Change ☒ Addition
3.2 NAME DEBRA RAGAN
3.3 STREET ADDRESS 315 MORNINGSTAR DR
3.4 CITY - ST - ZIP SARASOTA FL 342364.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0082791

CR2E037 (9/96)

GIBBS, GEOFFREY A. GIBBS 1/18/97 (941) 371-3044