

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 722272

1. Entity Name
BEACHES SERTOMA CLUB, INC.



Principal Place of Business
P O BOX 51244
P.O.BOX 51244
JACKSONVILLE BEACH, FL 32240

Mailing Address
P O BOX 51244
P.O.BOX 51244
JACKSONVILLE BEACH, FL 32240

FILED

05 JAN 19 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 04-05

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
NOT APPLICABLE

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

WOMBLE, WM. C JR.
1221 1ST ST. SO. #10A
JACKSONVILLE BEACH, FL 32250

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

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME OWENS, ANDY
STREET ADDRESS 127 GLEN COVE PL
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

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

TITLE SD ☒ Delete
NAME AIMONE, JOHN
STREET ADDRESS 13201 CARRI LUCK DR. N.
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE SD ☐ Change ☒ Addition
NAME Frank W. Stephens
STREET ADDRESS 348 10th St
CITY-ST-ZIP Atlantic Beach, FL 32233

TITLE TD ☐ Delete
NAME WOMBLE, WM. C JR.
STREET ADDRESS 1221 1ST ST SO. #10A
CITY-ST-ZIP JAX BCH, FL 32250

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 600044980976
STREET ADDRESS 01/19/05--01008--022 **122.50
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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:

Signature and typed or printed name of signing officer or director

Wm. C. Womble Jr 1-7-05

Date

Daytime Phone #

904-249-4227