


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 722904 (0)**

1. Corporation Name  
**HERNANDO COUNTY SERTOMA CLUB, INC.**

Principal Place of Business <b>1715 SPRING HILL DRIVE P.O. BOX 3267 SPRINGS HILL FL 34806</b>	Mailing Address <b>1715 SPRING HILL DRIVE P.O. BOX 3267 SPRINGS HILL FL 34611-0964</b>
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>03/15/1972</b>	3a. Date of Last Report <b>01/26/1996</b>
4. FEI Number <b>51-0224611</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**UNDERWOOD, ALAN W  
210 OLIVE ST.  
BROOKSVILLE FL 33512**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>WITTMAYER, ALVIN R</b>	
STREET ADDRESS	<b>6490 RIVER LODGE LN</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HINES, GORDON</b>	
STREET ADDRESS	<b>7313 WESTERN CIRCLE DR</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WELLS, WILLIAM</b>	
STREET ADDRESS	<b>5341 JOYNER AVE</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>HUMMEL, CHARLES</b>	
STREET ADDRESS	<b>13498 LAWRENCE STREET</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HEIDT, HENRY</b>	
STREET ADDRESS	<b>2488 EVENGLOW AVENUE</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>GIBBONS, JOHN T.</b>	
STREET ADDRESS	<b>7368 ACORN CIR.</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Haines, Clem</b>
2.3 STREET ADDRESS	<b>1362 WATKINS DR.</b>
2.4 CITY-ST-ZIP	<b>Spring Hill, FL 34608-6069</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Rowley, James</b>
5.3 STREET ADDRESS	<b>11409 Spring Hill DR</b>
5.4 CITY-ST-ZIP	<b>Spring H. FL 34609-4764</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* 5/1/97 (352) 683-1946

CR2E037 (9/96)