1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 722904 1. Corporation Name

HERNANDO COUNTY SERTOMA CLUB, INC.

Principal Place of Business
1715 SPRING HILL DRIVE
P.O. BOX 3267
SPRINGS HILL FL 34606

Mailing Address

1715 SPRING HILL DRIVE P.O. BOX 3267 SPRINGS HILL FL 34606

## **FILED** Feb 26, 1999 8:00 am § Secretary of State

02-26-1999 90006 050 \*\*\*\*66.25

\* 1 120417 90006 50 / \*



	ace of Business	2a. Mailing Address			3. Date Incorporated or Quali 03/15/1972	fed		
21		26			4. FEI Number	-	Ann	lied For
<b>—</b> ''	Apt. #, etc. Suite, Apt. #, etc.				51-0224611			Applicable
22		27			310224011		\$8.75 Ac	
City & State	•	City & State			5. Certifcate of Status Desired	± 🔀	Fee Req	
Zip	Country	Zip	Country		6. Election Campaign Financi	ng ⊈	\$5.00 N	lay Be
24	25	29	30		Trust Fund Contribution		Added to	Fees
	9. Name and Address of Current	Registered Agent		10. Name and Address of Ne	w Registered	Agent		
				Name				1
UNDERWOOD, ALAN W				82 Street Address (P.O. Box Number is Not Acceptable)				
210 OLIVE ST.						<u>'</u>		
BROOKSVILLE FL 33512								ļ
				City			85 Zip Co	ode
				City	•	FL	_   00   _ 00	
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								
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligation	of Florida. Such change was au	Jthorized by	the corporation	on's board of directors. I hereby a	cept the appo	intinent as regi	stereu
-	,, lannia, 11, a 2000pt 11.0 11g							1
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO	OFFICERS A		
TITLE	VPRESIDENT	☐ DELETE	1,1 TITLE				Change	Addition
NAME	HAINES, GORDON		1.2 NAME					
STREET ADDRESS	7213 WEST TERN CIRCLE DR		1.3 STREE	ADDRESS				
CITY-ST-ZIP	BROOKSVILLE FL 34618		1.4 CITY-S	T-ZIP				
TITLE	VD DIRPCTOA	. ≥ DELETE	2.1 TITLE				Change	☐ Addition
NAME	HAINES, ELLEN Clem	•	2.2 NAME		•			
STREET ADDRESS	1362 WATERFALL DR		2.3 STREE	FADDRESS		· .		
CITY-ST-ZIP	SPRING HILL FL		2. 4 CTY-S	T-ZIP				
TITLE	PDPIACCES	☐ DELETE	3.1 TITLE		,		Change	Addition
NAME	WELLS, WILLIAM		3.2 NAME		•			
STREET ADDRESS	5341 JOYNER AVE		3.3 STREE	TADORESS				
CITY-ST-ZIP	SPRING HILL FL		3.4. C!TY-8	T-ZIP				
TITLE	V SECRETARY	DELETE	4.1 TITLE				Change	Addition
NAME	HUMMEL, CHARLES		4. 2 NAME					
STREET ADDRESS	13498 LAWRENCE STREET		4.3 STREE	T ADDRESS				,
CITY-ST-ZIP	SPRING HILL FL		4,4 CITY-S	T-ZIP				
TITLE	VD CHAIRMAN	☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME	ROWLEY, JAMES		5.2 NAME	[				
STREET ADDRESS	11409 SPRING HILL DR		5.3 STREE	ADORESS				}
CITY-ST-ZIP	SRPING HILL FL		5.4 CITY-S	T-ZIP				
TITLE	TO TACKELACE	☐ DELETÉ	6.1 TITLE				Change	☐ Addition
NAME	GIBBONS, JOHN T.		6.2 NAME					
STREET ADDRESS	7368 ACORN CIR.		6.3 STREE	TADDRESS				}
CITY-ST-ZIP	SPRING HILL FL		6.4 CITY- S	T-ZIP			1	
4.4	Of the table information and line with	LALIS CIL.	Abo oversal	an stated in E	Parties 110 07/3\/i\ Elerida Statut	on I further of	rtifu that the in	formation

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 informatic 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, with all other like empowered. John T. G. 66.0+5

GNATURE:

SIGNATURE REQUIRED John T. G. 66.0+5

SIGNATURE OF SIGNING OFFICER OR DIRECTOR

Date

Date