

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 729106

1. Entity Name
SERTOMA CLUB OF TAMPA, INC.



Principal Place of Business

2212 SWANN AVENUE
TAMPA, FL 33606 US

Mailing Address

PO BOX 141
TAMPA, FL 33601 US



02042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0933023

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAUMANN, PHILLIP A.
501 E KENNEDY BLVD
SUITE 800
TAMPA, FL 33602

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IN THIS SPACE**

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 reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE S
NAME COCK, GLEN
STREET ADDRESS 103 HICKORY CREEK DR
CITY-ST-ZIP BRANDON, FL

TITLE D
NAME BALTAR, MARTHA A
STREET ADDRESS 5601 MARINER ST S-200
CITY-ST-ZIP TAMPA, FL 33609

TITLE D
NAME COCK, GLEN
STREET ADDRESS 103 HICKORY CREEK BLVD
CITY-ST-ZIP BRANDON, FL

TITLE P
NAME GAEDTKE, SCOTT
STREET ADDRESS 4304 BOY SCOTT RD
CITY-ST-ZIP TAMPA, FL

TITLE T
NAME BRIMMER, TERRY
STREET ADDRESS 5601 MARINER ST STE 200
CITY-ST-ZIP TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000237094
02/21/05-80046-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #