

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 09, 2006 8:00 am**  
**Secretary of State**

06-09-2006 90001 004 \*\*\*\*61.25

**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**

**50021197**



06052006 No Chg-NP CR2E037 (4/06)

**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**

**DO NOT WRITE  
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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**R  
GAEBTKE, SCOTT  
4304 BOY SCOTT RD  
TAMPA, FL**

*Delete*

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Martha A. Baltar* *Martha A. Baltar* *6-5-06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #