

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **731038** (6)
1. Corporation Name

SERTOMA CLUB OF MARTIN COUNTY, INC.

FILED
Aug 27 1997 8:00am
Secretary of State



Principal Place of Business Mailing Address
851 JOHNSON AVENUE **851 JOHNSON AVENUE**
P.O. BOX 202 **P.O. BOX 202**
STUART FL 34994-3027 **STUART FL 34994-3027**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		11/05/1974		05/20/1996	
22		27		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		23-7396505		Not Applicable	
23		28		5. Certificate of Status Desired		8.75 Additional Fee Required	
City & State		City & State		<input type="checkbox"/>		<input type="checkbox"/>	
24		29		6. Election Campaign Financing		5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution		<input type="checkbox"/>	
Country		Country		8. This corporation owes or has paid the current year intangible		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30		7. This corporation owes or has paid the current year intangible		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country		Country		8. This corporation owes or has paid the current year intangible		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEATTY, R. PATRICK
32 EAST OCEAN BLVD.
P O DRAWER 2333
STUART 34995

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	DP
NAME	COCHRAN, RALPH	1.2 NAME	E.E. GRIFFITH
STREET ADDRESS	573 S.E. MONTEREY RD.	1.3 STREET ADDRESS	STUART FL 34994
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	DX	2.1 TITLE	DT
NAME	CAPPS, MICHAEL	2.2 NAME	GARY BEANE
STREET ADDRESS	1650 S KANNER HIGHWAY	2.3 STREET ADDRESS	P.O. BOX 397
CITY-ST-ZIP	STUART, FL 00000	2.4 CITY-ST-ZIP	PORT SAUNDY FL. 34992-0397
TITLE	D	3.1 TITLE	DS
NAME	MCGAVOCK, JOE	3.2 NAME	JOHN AHERN
STREET ADDRESS	950 S FEDERAL HWY	3.3 STREET ADDRESS	2233 S. KANNER HWY
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	STUART FL. 34994
TITLE	D	4.1 TITLE	P
NAME	DESTEFANO, FRANK R.	4.2 NAME	JIM FOSTER
STREET ADDRESS	2500 S.KANNER HWY.	4.3 STREET ADDRESS	490 S.E. STUART BLVD
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	STUART, FL. 34996
TITLE	D	5.1 TITLE	
NAME	LASCALA, RUSS	5.2 NAME	
STREET ADDRESS	1800 S F ST. LUCIE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	SATUR, DAVID	6.2 NAME	
STREET ADDRESS	3232 S.E. DIXIE HWY.	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 00000	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 REQUIRED JOHN AHERN 8-14-97 (561) 220-8907

CR2E037 (4/97)