## FILE NOW: FILING FEE IS \$61.25

**FILED** Mar 23 1998 8:00am **NONPROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mostham ANNÙAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 731038 (6) SERTOMA CLUB OF MARTIN COUNTY, INC. Principal Place of Business Mailing Address **B51 JOHNSON AVENUE** 851 JOHNSON AVENUE 3. Date incorporated or Qualified P.O. BOX 202 P.O. BOX 202 <u>11/05/1974</u> STUART FL 24004 8007-STHART PL 34994-9027-4. FEI Number Applied For 23-7396505 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? STUARI 574<u>4~</u> Yes M No Country 8. This corporation owes or has paid the current year Intangible USA USA Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BEATTY, R. PATRICK 82 Street Address (P.O. Box Number is Not Acceptable) 32 EAST OCEAN BLVD. 83 P O DRAWER 2333 **STUART 34995** 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change TITLE 1.1 TITLE FOSTER, JAMES 490 S.F. ST. Lucie BLVD. NAME GRIFFITH, E E 1.2 NAME 573 S.E. MONTEREY RD. STREET ADDRESS 1.3 STREET ADDRESS 34996 Stuart Itl STUART FL 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE CARSON, WILLIAM CAPPS, MICHAEL NAME 2.2 NAME 1305 S. Dixie Huy, # H. 1650 S KANNER HIGHWAY 2.3 STREET ADDRESS STREET ADDRESS THART, FL 34994 STUART, FL 00000 CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Addition TITLE 3.1 TITLE Corney, JEFF MCGAVOCK, JOE NAME 3.2 NAME RIDGE LANE 328 950 S FEDERAL HWY STREET ADDRESS 3.3 STREET ADDRESS STUART FL 34994 STUART FL CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE TITLE 4.1 TITLE SHARKAY, KEVIN 3012 S.E. JAY STREET STUMMY, FL 34997 NAME DESTEFANO, FRANK R. 4. 2 NAME 2500 S.KANNER HWY. STREET ADDRESS 4.3 STREET ADDRESS STUART FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 5.1 TITLE TITLE BEANE, GARY 6763 SE RANTRES AVE. STUART, FL 34997 BEANE, GARY 5.2 NAME NAME <del>` BbX</del> P O BOX 397 5.3 STREET ADDRESS STREET ADDRESS PT SALERNO FL 97 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE DDD AHEILN, TACK 2233 S. KANNER HW NAME SATUR, DAVID 62 NAME 14. I hereby certify that the Information supplied with this filling 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 of 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 of on an attachment with an address.

SIGNATURE: