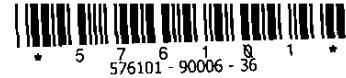


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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90098 010 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 731038					
1. Corporation Name SERTOMA CLUB OF MARTIN COUNTY, INC.					
Principal Place of Business 851 JOHNSON AVENUE P.O. BOX 202 STUART FL 34995 US			Mailing Address 851 JOHNSON AVENUE P.O. BOX 202 STUART FL 34995 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 11/05/1974 4. FEI Number 23-7396505 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent BEATTY, R. PATRICK 32 EAST OCEAN BLVD. P O DRAWER 2333 STUART 34995				10. Name and Address of New Registered Agent 81 Name PERRY, STEVEN L. 82 Street Address (P.O. Box Number is Not Acceptable) 612 S. FEDERAL HWY. 83 P.O. BOX 1469 84 City STUART FL 85 Zip Code 34995			
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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 Steven L. Perry DATE 6-1-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	☐ DELETE		1.1 TITLE	DD	☒ Change ☐ Addition	
NAME	FOSTER, JAMES			1.2 NAME	FOSTER, JAMES		
STREET ADDRESS	490 SE ST LUCIE BLVD			1.3 STREET ADDRESS	490 SE ST LUCIE BLVD		
CITY-ST-ZIP	STUART FL 34996			1.4 CITY-ST-ZIP	STUART, FL 34996		
TITLE	DD	☐ DELETE		2.1 TITLE	DD	☒ Change ☐ Addition	
NAME	CARSON, WILLIAM			2.2 NAME	CARSON, WILLIAM		
STREET ADDRESS	1305 S DIXIE HWY #H			2.3 STREET ADDRESS	4149 S.E. SALERNO ROAD		
CITY-ST-ZIP	STUART, FL 00000 34994			2.4 CITY-ST-ZIP	PORT SALERNO, FL 34997		
TITLE	DD	☐ DELETE		3.1 TITLE	DP	☒ Change ☐ Addition	
NAME	CORLEY, JEFF			3.2 NAME	CORLEY, JEFF		
STREET ADDRESS	328 RIDGE LN			3.3 STREET ADDRESS	1117 EAST OSCOLA STREET		
CITY-ST-ZIP	STUART FL 34994			3.4 CITY-ST-ZIP	STUART, FL 34996		
TITLE	DD	☐ DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME	SHARKEY, KEVIN			4.2 NAME			
STREET ADDRESS	3012 SE JAY ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL 34997			4.4 CITY-ST-ZIP			
TITLE	DT	☐ DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME	BEANE, GARY			5.2 NAME			
STREET ADDRESS	8763 SE RAIN TREE AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL 34997			5.4 CITY-ST-ZIP			
TITLE	DD	☐ DELETE		6.1 TITLE	DS	☒ Change ☐ Addition	
NAME	AHERN, JACK			6.2 NAME	AHERN, JACK		
STREET ADDRESS	2233 S KANNER HWY			6.3 STREET ADDRESS	2233 S. KANNER HWY.		
CITY-ST-ZIP	STUART FL 34994			6.4 CITY-ST-ZIP	STUART, FL 34994		

14. 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 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, with all other like empowered.

SIGNATURE:

William B. Carson **REQUIRED** W.B. CARSON 4/21/99

561-221-1660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)