2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733845

FILED Apr 10, 2006 Secretary of State

Entity Name: WEST PASCO SERTOMA CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

4606 DAPHNE STREET PO BOX 1302 NEW PORT RICHEY, FL 34656

Current Mailing Address: New Mailing Address:

4606 DAPHNE STREET P.O. BOX 1302

PO BOX 1302 NEW PORT RICHEY, FL 34656 NEW PORT RICHEY, FL 34656

FEI Number: 51-0252228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEVE THOMPSON

4606 DAPHNE STREET

PO BOX 597

NEW PORT RICHEY, FL 34652 US

THOMPSON, STEVE MR

4606 DAPHNE STREET

NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: STEVE THOMPSON 04/10/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: S (X) Change () Addition

Name: TYLER, MICHAEL Name: JULIAN, JAMES MR
Address: 10341 ALBERTACT Address: 5526 PALMETTO ROAD

City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D (X) Delete Title: () Change () Addition Name: THOMPSON, STEVEN, Name:

 Name:
 I HOMPSON, STEVEN,
 Name:

 Address:
 4606 DAPHNE ST.
 Address:

 City-St-Zip:
 NEW PORT RICHEY, FL
 City-St-Zip:

Title: T () Delete Title: T (X) Change () Addition Name: MC CARTHY, TOM Name: MC CARTHY, TOM MR

Address: 8910 BARN OWL CT. Address: 8910 BARN OWL CT.

City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: NEW PORT RICHEY, FL 34654

Name:HULING, DARRELLMRHULING, DARRELL MRAddress:6700 ROCHELLE AVE.Address:6700 ROCHELLE AVE.City-St-Zip:NEW PORT RICHEY, FL 34655City-St-Zip:NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES JULIAN S 04/10/2006