2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# 733845

Entity Name: WEST PASCO SERTOMA CLUB, INC.

Current Principal Place of Business:

4606 DAPHNE STREET
NEW PORT RICHEY, FL 34656

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1302
NEW PORT RICHEY, FL 34656

New Mailing Address:

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

Name and Address of Current Registered Agent:

JULIAN, JAMES MR
5526 PALMETTO ROAD
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: B ( ) Delete
Name: JULIAN, JAMES MR
Address: 5526 PALMETTO ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: B ( ) Delete
Name: THOMPSON, STEVE MR
Address: 4606 DAPHNE STREET
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: B ( ) Delete
Name: HULING, DARRELL MR
Address: 6700 ROCHELLE AVE.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: O ( ) Delete
Name: OLSEN, DAVID M MR
Address: 7917 KNIGHT DR.
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID M. OLSEN O 04/09/2009

Electronic Signature of Signing Officer or Director — Date