


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90191 041 \*\*\*\*61.25

<b>DOCUMENT # 736847</b>					
1. Entity Name <b>SERTOMA CLUB OF ST. PETERSBURG, INC.</b>					
Principal Place of Business <b>5111 66TH ST STE 102 SAINT PETERSBURG, FL 33709 US</b>			Mailing Address <b>14031 EGRET LN CLEARWATER, FL 33762 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2858970</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ALBERS, BRYAN L ESQ</b> <b>5111 66TH ST STE 102</b> <b>SAINT PETERSBURG, FL 33709</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>[Signature]</i></u> DATE <u>4-21-2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUSSEAUT, NORMAN		NAME		
STREET ADDRESS	1 BEACH DRIVE # 2005		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHINGLER, ROBERT		NAME	Albers, Bryan L	
STREET ADDRESS	14810 RUE DE BAYONNE E-6		STREET ADDRESS	5111 66TH ST. Suite 102	
CITY-ST-ZIP	CLEARWATER, FL 33762		CITY-ST-ZIP	ST Petersburg FL 33709	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALATINO, LONNIE V		NAME		
STREET ADDRESS	14031 EGRET LN		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33762		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREHUB, DICK		NAME		
STREET ADDRESS	6060 126TH AVE N		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33773		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IERNA, RANDY		NAME		
STREET ADDRESS	181 3RD STREET WEST		STREET ADDRESS		
CITY-ST-ZIP	TIERRA VIADE, FL 33715		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCRIBANO, MARK		NAME	Ross, Jack DDS	
STREET ADDRESS	1401 47TH ST N		STREET ADDRESS	2706 Central Ave	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704		CITY-ST-ZIP	ST Petersburg FL 33712	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.					
SIGNATURE: <u><i>[Signature]</i></u> <u>Lonnie V. Malatino</u> <u>5/10/04</u> <u>727-299-3105</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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