


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90023 033 ****61.25

DOCUMENT # 736847 1. Entity Name SERTOMA CLUB OF ST. PETERSBURG, INC.					
Principal Place of Business 5111 66TH ST STE 102 SAINT PETERSBURG FL 33709 US			Mailing Address 14031 EGRET LN CLEARWATER FL 33762 US		
2. Principal Place of Business 678 - 4TH ST N Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State ST PETERSBURG FL Zip 33701		City & State Country USA		4. FEI Number 59-2858970	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALBERS, BRYAN L ESQ 5111 66TH ST STE 102 SAINT PETERSBURG FL 33709			7. Name and Address of New Registered Agent Name Lonnie V. Malatino Street Address (P.O. Box Number is Not Acceptable) 14031 EGRET LN CLEARWATER FL City FL Zip Code 33762		
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE 2/1/2006 <small>(NOTE: Registered Agent signature required when reconstituting)</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	D DUSSEAU, NORMAN 1 BEACH DRIVE # 2005 SAINT PETERSBURG FL 33701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHINGLEZ, ROBERT 14810 RUE DE BAYONNE E3 CLEARWATER FL 33762	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MALATINO, LONNIE V 14031 EGRET LN CLEARWATER FL 33762	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HETTERICH, RAYMOND 5505 38TH AVE N SAINT PETERSBURG FL 33710	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IERNA, RANDY 181 3RD STREET WEST TIERRA VIADE FL 33715	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, JACK DDS 2706 CONTROL AVE SAINT PETERSBURG FL 33712	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 like empowered.

SIGNATURE: *[Signature]* **2/1/2006**