

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90088 005 \*\*\*\*70.00

**DOCUMENT # 736847**

1. Entity Name  
**SERTOMA CLUB OF ST. PETERSBURG, INC.**



Principal Place of Business  
**678 4TH ST N  
SAINT PETERSBURG, FL 33701 US**

Mailing Address  
**14031 EGRET LN  
CLEARWATER, FL 33762 US**

40046316



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2858970**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MALATIN, LONNIE V  
14031 EAGRET LN  
CLEARWATER, FL 33762**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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** ☐ Delete  
NAME **DUSSEAUT, NORMAN**  
STREET ADDRESS **1 BEACH DRIVE # 2005**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33701**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **SHINGLER, ROBERT**  
STREET ADDRESS **14810 RUE DE BAYONNE E3**  
CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **MALATINO, LONNIE V**  
STREET ADDRESS **14031 EAGRET LN**  
CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **HETTERICH, RAYMOND**  
STREET ADDRESS **5505 38TH AVE N**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33710**

TITLE **T** ☐ Change ☒ Addition  
NAME **James VanMiddleworth**  
STREET ADDRESS **678 4TH ST N.**  
CITY-ST-ZIP **St Petersburg, FL 33701**

TITLE **D** ☐ Delete  
NAME **IERNA, RANDY**  
STREET ADDRESS **181 3RD STREET WEST**  
CITY-ST-ZIP **TIERRA VIADE, FL 33715**

TITLE **P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **ROSS, JACK DDS**  
STREET ADDRESS **2706 CONTROL AVE**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33712**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-2007