


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90003 002 ****61.25

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # 750417 1. Entity Name SEAPORT SERTOMA CLUB, INC. | | | |  | |
| Principal Place of Business 2901 WEST BUSCH BLVD. SUITE 1010 TAMPA, FL 33618 | | | Mailing Address P.O. BOX 5794 SUITE 1010 TAMPA, FL 33675 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WIND, SHELDON L. 5700 MEMORIAL HWY STE 102 TAMPA, FL 33615 | | | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE</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 NAME STREET ADDRESS CITY-ST-ZIP | SD MARKS, TANYA 1137 EVENING TRAIL DR WESLEY CHAPEL, FL 33543 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WIND, SHELDON L. 5700 MEMORIAL HWY STE 102 TAMPA, FL 33615 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MERLIN, WILLIAM 3014 W FRUIT OAKS AVE TAMPA, FL 336111641 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WHITING III, ARTHUR 38240 PEAR COURT ZEPHYRHILLS, FL 33542 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD HARDIN, RONALD 104 LOCUST DRIVE BRANDON, FL 335118019 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD MERLIN, WILLIAM 3014 W. FAIR OAKS AVE TAMPA, FL 33611 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DYBLE, DON 8023 LYNN AVENUE TAMPA, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WHALEY, WILLIAM E. 4225 BRIARBERRY LN. TAMPA, FL 33624 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MACDONALD, PAUL J 1308 CORNER OAKS DR BRANDON, FL 33570 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WHALEY, WILLIAM E. 4225 BRIARBERRY LN. TAMPA, FL 33624 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MACDONALD, PAUL J 1308 CORNER OAKS DR BRANDON, FL 33570 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WHALEY, WILLIAM E. 4225 BRIARBERRY LN. TAMPA, FL 33624 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 like empowered. | | | | | |
| SIGNATURE: <u>Wm. E. Whaley</u> <u>Wm. E. Whaley</u> <u>3/2/04</u> <u>813 963 3209</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |