FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:43

DOCUMENT # 752004 (2)

1. Corporation Name
SERTOMA CLUB OF CLEARWATER, INC.

Principal Place of Business	Mailing Address
PO BOX 4238 CLEARWATER FL 34618-4238	PO BOX 4238 CLEARWATER FL 34618-4238

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1980
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-6213388 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JAMIESON, HARRY B.
301 JASMINE WAY
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] 2/25/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☑ Change ☐ Addition
NAME	CRAWFORD, PAUL	1.2 NAME	
STREET ADDRESS	1331 MARKLEY DRIVE	1.3 STREET ADDRESS	601 E. Rosery Rd. Apt 3352
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	JAMIESON, HARRY	2.2 NAME	
STREET ADDRESS	301 JASMINE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, WALLACE	3.2 NAME	
STREET ADDRESS	1207 N. SATURN AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	CALLAHAN, DENNIS	4.2 NAME	
STREET ADDRESS	2185 LITTLE BROOK LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	☐ Change ☐ Addition
NAME	CACCAMO, PATTI	5.2 NAME	
STREET ADDRESS	1000 HARBOR ISLAND BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	BURTON, DAVID	6.2 NAME	
STREET ADDRESS	1510 CHATEAU WOOD DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWTER FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Harry B. Jamieson 2/25/95 (813)462-1197
SIGNATURE OF, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000377