

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 752004 (2)

1. Corporation Name

SERTOMA CLUB OF CLEARWATER, INC.



Principal Place of Business

PO BOX 4238
CLEARWATER FL 34618-4238

Mailing Address

PO BOX 4238
CLEARWATER FL 34618-4238

3. Date Incorporated or Qualified
04/15/1980

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-6213388

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24

25

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMIESON, HARRY B.
301 JASMINE WAY
CLEARWATER FL 34616

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Harry B. Jamieson R.A.

4/5/96

Signature, typed 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 ☐ DELETE
NAME CRAWFORD, PAUL
STREET ADDRESS 601 E. ROBERT RD. #0002
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE
NAME JAMIESON, HARRY
STREET ADDRESS 301 JASMINE WAY
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE
NAME RUSSELL, WALLACE
STREET ADDRESS 1007 N. SATURN AVE.
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE
NAME CALLAHAN, DENNIS
STREET ADDRESS 2185 LITTLE BROOK LN
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE
NAME CACCAMO, PATTI
STREET ADDRESS 1000 HARBOR ISLAND BLVD
CITY-ST-ZIP TAMPA FL

TITLE ☒ DELETE
NAME BURTON, DAVID
STREET ADDRESS 1510 CHATEAU WOOD DR.
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1227 ROGERS ST. SUITE F
1.4 CITY-ST-ZIP CLEARWATER FL 34616

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ZIP CODE 34616

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 2050 US HWY #19 NO #12-277
3.4 CITY-ST-ZIP ZIP CODE 34624

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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 in an attachment with an address.

SIGNATURE:

Harry B. Jamieson, Treas

4/5/96

(813) 462-1107

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)