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Feb 07 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 4236  
CLEARWATER FL 34618-4236

Mailing Address

PO BOX 4236  
CLEARWATER FL 34618-42363. Date Incorporated or Qualified  
04/15/19803a. Date of Last Report  
04/11/1996

2. Principal Place of Business

21 301 Jasmine Way

Suite, Apt. #, etc.

22

City &amp; State

23 Clearwaz5r, FL

Zip

24 34616-3819

Country

25

2a. Mailing Address

26 301 Jasmine Way

Suite, Apt. #, etc.

27

City &amp; State

28 Clearwater, FL

Zip

29 34616-3819

Country

30

4. FEI Number

59-6213388

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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

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

Harry B. Jamieson

(NOTE: Registered Agent signature required when reinstalling)

2/3/1997

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETENAME CRAWFORD, PAUL  
STREET ADDRESS 1227 ROGERS ST, SUITE F  
CITY-ST-ZIP CLEARWATER FLTITLE TD ☐ DELETENAME JAMIESON, HARRY  
STREET ADDRESS 301 JASMINE WAY  
CITY-ST-ZIP CLEARWATER FLTITLE D ☐ DELETENAME RUSSELL, WALLACE  
STREET ADDRESS 2050 US HWY #19, NO. #12-227  
CITY-ST-ZIP CLEARWATER FLTITLE PD ☒ DELETENAME CALLAHAN, DENNIS  
STREET ADDRESS 2185 LITTLE BROOK LN  
CITY-ST-ZIP CLEARWATER FLTITLE CD ☒ DELETENAME CACCAMO, PATTI  
STREET ADDRESS 1000 HARBOR ISLAND BLVD  
CITY-ST-ZIP TAMPA FLTITLE ☐ DELETENAME  
STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition1.2 NAME Moses, Henry E., Sr.  
1.3 STREET ADDRESS 1848 Emory Drive  
1.4 CITY-ST-ZIP Clearwater, FL 346152.1 TITLE SD ☐ Change ☒ Addition2.2 NAME Gregg, Terry  
2.3 STREET ADDRESS 3180 CR #102  
2.4 CITY-ST-ZIP Safety Harbor, FL 346833.1 TITLE ☐ Change ☐ Addition3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME  
6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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:

Harry B. Jamieson, Treasurer

2/3/97

(813) 734-5437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000001

CR2E037 (9/96)