

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90430 014 ****61.25

DOCUMENT # 759736

1. Entity Name
CITRUS SERTOMA CLUB, INC.



Principal Place of Business
**PO BOX 1718
CRYSTAL RIVER, FL 34423-1718 US**

Mailing Address
**PO BOX 1718
CRYSTAL RIVER, FL 34423-1718 US**

50018313



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242006 Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2449201

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**TRUMBAVER, DAVID
182 PINE STREET
HOMOSASSA SPRINGS, FL 34447**

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, 2006**

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

TITLE **D** ☒ Delete
NAME **BAKER, RUSSELL R.**
STREET ADDRESS **2645 N CREDE AVE**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

TITLE **VD** ☐ Delete
NAME **BARD, J J SR**
STREET ADDRESS **1230 SE KINGS BAY DR**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34429**

TITLE **C** ☐ Delete
NAME **GREEN, DAVID**
STREET ADDRESS **9030 W. FT. ISLAND TRIAL #5**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34429**

TITLE **SD** ☒ Delete
NAME **TRUMBAVER, DAVID**
STREET ADDRESS **182 PINE STREET**
CITY-ST-ZIP **HOMOSASSA SPRINGS, FL 34447**

TITLE **T** ☐ Delete
NAME **CLARK, TERRI**
STREET ADDRESS **5388 E. ARTHUR STREET**
CITY-ST-ZIP **INVERNESS, FL 34452**

TITLE **VD** ☒ Delete
NAME **SHAY, WILLIAM**
STREET ADDRESS **6 N. COLUMBUS**
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **Kent Notlage**
STREET ADDRESS **7041 W Seven Rivers Dr**
CITY-ST-ZIP **Crystal River FL 34429**

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

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

TITLE **ESD** ☐ Change ☒ Addition
NAME **Judy Foxworth**
STREET ADDRESS **PO Box 640485**
CITY-ST-ZIP **Beverly Hills FL 34464**

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

TITLE **VD** ☐ Change ☒ Addition
NAME **Maureen Whitaker**
STREET ADDRESS **2360 Stanley Terr**
CITY-ST-ZIP **Homosassa FL 34448**

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:

Terri L Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06

Date

Daytime Phone #