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.								05-01-2006 90430 014 ****61.25				
Principal Place of Business PO BOX 1718 CRYSTAL RIVER, FL 34423-1718 US Mailing Address PO BOX 1718 CRYSTAL RIVER, FL 34423-1718 US						18 US				5001		
2. Principal Place of Business 3. N			3. Mailing A	B. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04242006	Chg-NP	CR2E03	37 (11/05)	
City & State			City & State				4. FEI Number 59-2449			_ 	plied For t Applicable	
Zip	Country		Zip		Cou	Country		5. Certificate of	of Status Desired		\$8.75 Add Fee Required	
	6. Name	and Address of Current F	Registered Ag	ent				7. Name and	Address of New	Registered /	Agent	
TRUMBAVER, DAVID						Name Street Ad	Address (P.O. Box Number is Not Acceptable)					
e						City			· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	e
8. The above	named entity	y submits this statement for	r the purpose of	of changing its	register	ed office or	register	ed agent, or both	n, in the State of F	lorida. I am	tamiliar with,	and accept
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 a	and litle il applicable	. (NOTE	: Hagistere	d Agent signatur	re required	when reinstating)		DATE		
Filing Fee is \$61.25 9. Election Campaig Due by May 1, 2006 Trust Fund Contr												
			9					\$5.00 May Be Added to Fees	9		k payable to trnent of St	
10.								Added to Fees	9	orida Depai	tment of SI	10
10. 11TLE	Due by M	OFFICERS AND DIF	RECTORS		11.	ion. [ρ	Added to Fees	FIG ANGES TO OFFIC	orida Depai	tment of St	tate
TITLE NAME	Due by M D BAKER, R	OFFICERS AND DIF	RECTORS	Trust Fund C	11. TITL	ion. [Pan	Added to Fees	FIGURES TO OFFICE	orida Depai CERS AND DI	TIMENT OF SI RECTORS IN Change	10
TITLE NAME STREET ADDRESS	Due by M D BAKER, R 2645 N CI	OFFICERS AND DIF OFFICERS AND DIF OSSELL R. REDE AVE	RECTORS	Trust Fund C	11. IIILI NAM	E EET ADDRESS	Pan	Added to Fees	FIGURES TO OFFICE	orida Depai CERS AND DI	TIMENT OF SI RECTORS IN Change	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by M D BAKER, F 2645 N CI CRYSTAL	OFFICERS AND DIF OFFICERS AND DIF CUSSELL R. REDE AVE RIVER, FL 34428	RECTORS	Trust Fund C	11. TITLE NAM STRE	EET ADDRESS	Pan	Added to Fees	FIG ANGES TO OFFIC	orida Depai CERS AND DI	TIMENT OF SI RECTORS IN Change	10 Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daylime Phone #