

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 01, 1999 8:00 am  
Secretary of State

06-01-1999 90019 030 \*\*\*\*61.25

DOCUMENT # 762598

1. Corporation Name

LAKELAND EVENING SERTOMA CLUB, INC.

Principal Place of Business

Mailing Address

% RALPH SARGEANT  
232 N. MASSACHUSETTS AVENUE  
LAKELAND FL 33801

% RALPH SARGEANT  
232 N. MASSACHUSETTS AVENUE  
LAKELAND FL 33801



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/25/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2252271	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

HARDEN, RALPH  
1221 MEADOWOOD  
LAKELAND FL 33813

10. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDEN, RALPH	1.2 NAME	P Mike Waller
STREET ADDRESS	1221 MEADOWOOD	1.3 STREET ADDRESS	823 Woodmont Ln.
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES DWALL	2.2 NAME	D Paul Williford
STREET ADDRESS	5516 CLUB HILL W.	2.3 STREET ADDRESS	1221 Meadowood Dr.
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland, FL 33809
TITLE	<del>R.D.</del> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENZAMICI, TONY	3.2 NAME	
STREET ADDRESS	620 TRAVIS CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHLSCHWEDE, MIKE	4.2 NAME	
STREET ADDRESS	1610 COLUMBIA ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTE, GARY	5.2 NAME	
STREET ADDRESS	1902 CHEROKEE TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERROUSE, KENNETH	6.2 NAME	
STREET ADDRESS	13415 MOORE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth D. Sherrouse

5-25-99 941-660-6331

Date

Daytime Phone #

0056467

CR2E037 (11/98)