2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766831

FILED Jan 18, 2006 Secretary of State

Entity Name: INVERNESS SERTOMA CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 1415 INVERNESS, FL 34451 US **Current Mailing Address: New Mailing Address:** P.O. BOX 1415 INVERNESS, FL 34451 US FEI Number: 59-2269531 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIGUGLIELMO, SAM DI GUGLIELMO, SAMUEL J 310 N. CITRUS AVENUE 310 N. CITRUS AVENUE INVERNESS, FL 34450 US INVERNESS, FL 34450 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. SIGNATURE: SAMUEL J. DI GUGLIELMO 01/18/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LEVERNE, GERALD H Name: Name: 220 W KELLOR ST Address: Address: City-St-Zip: HERNANDO, FL 34442 City-St-Zip: Title: () Delete Title: (X) Change () Addition DIGUGLIELMO, SAMUEL J Name: DI GUGLIELMO, SAMUEL J Name: Address: 310 NORTH CITRUS AVENUE Address: 310 NORTH CITRUS AVENUE City-St-Zip: INVERNESS, FL 344504159 City-St-Zip: INVERNESS, FL 344504159 Title: () Delete Title: () Change () Addition JAKOB, RAINOR Name: Name: 4200E. FLYING EAGLE CT. Address: Address: City-St-Zip: INVERNESS, FL 34453 City-St-Zip: (X) Change () Addition Title: () Delete Title: Name: POLISENO, CHARLES Name: BRAYTON, BEVEN 702 E. KNIGHTSBRIDGE PLACE Address: Address: 6245 EAST PLUM DRIVE City-St-Zip: LECANTO, FL 34461 City-St-Zip: INVERNESS, FLORIDA, FL 34452 Title: () Delete Title: CHB (X) Change () Addition THARP, BRIAN THARP, BRIAN Name: Name: 812 HEMLOCK STREET 812 HEMLOCK STREET Address: Address: City-St-Zip: INVERNESS, FL 34452 City-St-Zip: INVERNESS, FL 34452 Title: () Delete Title: () Change (X) Addition BARDSLEY, WAYNE A Name: Name: Address: Address: 1131 NE FIFTH AVE. CRYSTAL RIVER, FL 34428 32 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL J. DI GUGLIELMO T 01/18/2006