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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(2)

TARPON SPRINGS SERTOMA CLUB, INC.

2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. El Number 2. City & State 2. City & State 2. City & State 2. Country 3. Name and Address of Current Registered Agent 3. Name and Address of Current Registered Agent 4. FEI Number 2. Country 5. Certificate of Status Desired 5. Election Campaign Financing Trust Fund Contribution 5. Parida Statutes 6. Election Campaign Financing Trust Fund Contribution 6. Election Campaign Financing Fee Street Astatics (P.O. Box Number is Not Acceptable) 7. Name and Address of New Registered Agent 8. Name 8. Street Astatics (P.O. Box Number is Not Acceptable) 7. Name 8. City 8. This corporation submits this statement for the purpose of changing registered agent, or both, in the State of Flooda Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Flooda Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Flooda Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Flooda Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Flooda Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in	f Last Report 10/1995 Applied For Not Applicable 8.75 Additional Fee Required \$5.00 May Be Added to Fees Index s. 199.032,
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CITY ST 20 PAIM HARROR FL 14 CITY - ST-20P	N Dawn
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TITLE PD 3. TITLE	Change Addition
NAME NORWOOD, WILLIAM 32 NAME 00001763721 STREET ADDRESS 138 LAKESHORE DRIVE 33 STREET ADDRESS -04/01/9601009022	3
DAIM HADDOD EL	
CITY-ST-ZIP PALM HAHBOR FL 34.CITY-ST ZIP ***51.25	Change Addition
NAME GODBEY, MARY J. 4 2 NAME	
STREET ADDRESS 1409 FRANKLIN DRIVE 43 STREET ADDRESS	
CITY-ST-ZIP HOLIDAY FL 44 CITY-ST-ZIP 44 CITY-ST-ZIP TREASURE DECOR PATRICIA TREASURE	Change Addition
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STREET ADDRESS 53 STREET ADDRESS 2713	
CITY-ST-ZIP PA In HARRIUFU. 34600	
TITLE LOCATION GOVERNMENT	Change LAddition
NAME 6 2 NAMC 6 3 STREET ADDRESS	Grange L_I Add-trott
64 CHY-SI-7IP	Change [_] Add-trott
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florid 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 efficient; 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) 2. ye

SIGNATURE: