## 2004 NOT-FOR-PROFIT CORPORATION

SIGNATURE AND TYPED OF PRINTED MAJE

## Aug 20, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # N01000004088** 1. Entity Name SPORTSMAN'S SERTOMA CLUB INC 08-10-2004 90001 027 \*\*\*\*61.25 08-20-2004 90002 016 \*\*\*\*61.25 Procipal Place of Business 308 SIACKSON STREET BEVERLY HILLS, FL 34465 Mailing Address POST OFFICE BOX 641053 **BEVERLY HILLS, FL 34464** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08102004 Chg-NP CR2E037 (10/03) City & State Applied For City & State 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent GIOVAGNONI VAN TASSELL, DEREK 308 S JASKSON STREET BEVERLY HILLS: FL 34465 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by September 8, 2004 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change アタらっ ネョルク TITLE Delete 7ITI F VAN TASSELL, DEREK NAME NAME STREET ADDRESS POST OFFICE BOX 641053 STREET ADDRESS BEVERLY HILLS, FL 34464 CITY-ST-ZIP CITY-ST-70P 34432 ☐ Change ☐ Addition ☐ Delete TITLE NAME ZANE, STEPHEN NAME 6715 N DELTONA BOULEVARD STREET ADDRESS STREET ADDRESS CITRUS SPRINGS, FL 34434 CITY-ST-ZIP CITY-ST-ZIP Treasurer Change ☐ Addition Delete TITLE TITLE ~ TASSElls her CLAFFEY, DONALD NAME NAME No marcon WAY. POST OFFICE BOX 2628 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DUNNELLON, FL 34430 CITY-ST-ZIP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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.

FILED