


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90147 019 ****70.00

DOCUMENT # N01145

1. Entity Name
 NORTH PINELLAS COUNTY SCOUT SERTOMA CLUB, INC.



Principal Place of Business 1572 GLEN CT DUNEDIN, FL 34698 US	Mailing Address 17200 WISCON RD BROOKSVILLE, FL 34601 US
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24069136



04082004 No Chg-NP CR2E037 (10/03)

17200 Wiscon Rd
 Brooksville FL 34601

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2312316	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMOUREUX, PHILIP A
 15010 NEWPORT RD.
 CLEARWATER, FL 33764

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$81.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASEY, JOAN H 17200 WISCON RD BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINIGALLIANO, EUGENE 6912 MORNINGSUN CT NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LAMOUREUX, PHILIP A 15010 NEWPORT RD. CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, ROGER 6 DORADO PLACE CLEARWATER, FL <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAFFNER, DONALD G 1572 GLEN CT DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: Joan H. Casey Joan H. Casey 4/24/04 352-799-0556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #