2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01145

FILED Apr 29, 2009 Secretary of State

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

Current Principal Place of Business:		New Principal Place of Business:		
	SCON RD VILLE, FL 3460	1 US		
Current Mailing Address:		New Mailing Address:		
	SCON RD VILLE, FL 3460	1 US		
El Numbe	r: 59-2312316	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
ame and	d Address of C	urrent Registered Agent:	Name and Address	s of New Registered Agent:
5010 NE	EUX, PHILIP A WPORT RD. 'ATER, FL 3376	4 US		
	e named entity s te of Florida.	ubmits this statement for the	purpose of changing its registe	red office or registered agent, or both
the Stat	te of Florida.	ubmits this statement for the	purpose of changing its registe	ered office or registered agent, or both
the Stat	te of Florida. JRE:	ubmits this statement for the		ered office or registered agent, or both Date
the Stat	te of Florida. JRE:	c Signature of Registered Aલ્	gent	
the Stat	te of Florida. JRE: Electroni RS AND DIRECT TD () CASEY, JOAN H 17200 WISCON	c Signature of Registered Ao F ORS: Delete I TREAS. RD	gent	Date
the State IGNATU FFICER tte: ame: ddress:	te of Florida. JRE: Electroni RS AND DIRECT TD () CASEY, JOAN H 17200 WISCON BROOKSVILLE, D () SINIGALLIANO, 6912 MORNING	c Signature of Registered Actor of Registered	gent ADDITIONS/CHAN Title: Name: Address:	Date IGES TO OFFICERS AND DIRECTO
the State IGNATU FFICER ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	te of Florida. JRE: Electroni RS AND DIRECT TD () CASEY, JOAN H 17200 WISCON BROOKSVILLE, D () SINIGALLIANO, 6912 MORNING: NEW PORT RIC CD () LAMOUREUX, P 15010 NEWPOR	c Signature of Registered Actors: Delete ITREAS. RD FL 34601 US Delete EUGENE SUN CT HEY, FL 34655 US Delete HILIP A CHAIRMA	gent ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTO () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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: JOAN H. CASEY TREA 04/29/2009