


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90204 023 \*\*\*\*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 WISCOM RD  
BROOKSVILLE FL 34601  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2312316**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**SCHAFFNER, DONALD G  
1572 GLEN CT  
DUNEDIN FL 34698**

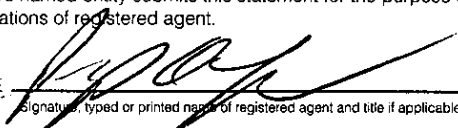
**7. Name and Address of New Registered Agent**

Name **Philip A. Lamoureux**

Street Address (P.O. Box Number is Not Acceptable)  
**15010 NEWPORT RD**

City **Clearwater** FL Zip Code **33764**

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  DATE **4/12/03**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>CASEY, JOAN H</b>	
STREET ADDRESS	<b>17200 WISCON RD</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34601</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SINIGALLIANO, EUGENE</b>	
STREET ADDRESS	<b>6912 MORNINGSUN CT</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CASEY, GEORGE M</b>	
STREET ADDRESS	<b>898 CYPRESS LAKEVIEW CT</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SPENCER, ROGER</b>	
STREET ADDRESS	<b>6 DORADO PLACE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>SCHAFFNER, DONALD G</b>	
STREET ADDRESS	<b>1572 GLEN CT</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>CD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Philip A. Lamoureux</b>	
STREET ADDRESS	<b>15010 NEWPORT RD</b>	
CITY-ST-ZIP	<b>Clearwater FL 33764</b>	

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 4/12/03 352-799-**

CR2E037 (10/02)