

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004486

FILED
Apr 15, 2007
Secretary of State

Entity Name: MILLENNIUM SERTOMA CLUB, INC.

Current Principal Place of Business:

1414 LORETTO CIR
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

1414 LORETTO CIR
ODESSA, FL 33556

New Mailing Address:

FEI Number: 20-0098765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNEDY, JOSEPH
1414 LORETTO CIR
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KENNEDY, JOSEPH
Address: 1414 LORETTO CIRCLE
City-St-Zip: ODESSA, FL 33556

Title: D (X) Delete
Name: KENNEDY, JILL
Address: 1414 LORETTO CIRCLE
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: MYER, JERRY
Address: 1414 LORETTO CIRCLE
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: MYER, SUSAN
Address: 1414 LORETTO CIRCLE
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: DIXON, TED
Address: 1414 LORETTO CIRCLE
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: O'DONNELL, JOYCE
Address: 1414 LORETTO CIRCLE
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MUTCHLER, DENNIS
Address: 1414 LORETTO CIRCLE
City-St-Zip: ODESSA, FL 33556

Title: D (X) Change () Addition
Name: HAND, JEANNE
Address: 1414 LORETTO CIRCLE
City-St-Zip: ODESSA, FL 33556

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH KENNEDY

D

04/15/2007

Electronic Signature of Signing Officer or Director

Date