

FILED
Jun 15, 2004 8:00 am
Secretary of State

00460140

DOCUMENT # N03000006517			
1. Entity Name THE SERTOMA MENTORING VILLAGE OF CITRUS COUNTY INC.		05-13-2004 90005 015 ****61.25	
Principal Place of Business 111 GOLFVIEW DR HOMOSASSA FL 34448		Mailing Address PO BOX 942 HOMOSASSA SPRINGS FL 34447	
2. Principal Place of Business 16 NE 5th St.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Crystal River, FL		City & State	
Zip 34428		Country	
4. FEI Number 200084182		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLER, GORDON K 111 GOLFVIEW DR HOMOSASSA FL 34448		7. Name and Address of New Registered Agent Ed Maher 36 Hawthorne Court Homosassa FL 34446	
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. Ed Maher SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW - FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P BARTELS, KATHERINE 5771 S BENNETT POINT HOMOSASSA FL 34448 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP President Robert DeSimone 6674 S. Lewdingar Dr. ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP V DE SIMONE, ROBERT 6674 S LEWDINGAR DR HOMOSASSA FL 34448 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice President Penny Zaphel 6 Norfolk Lane Homosassa, FL 34446 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP S JONES, JEAN 3589 E LAKE NINA DR INVERNESS FL 34453 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer Ed Maher 36 Hawthorne Court Homosassa, FL 34446 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP WELLER, GORDON K 111 GOLFVIEW DR HOMOSASSA FL 34448 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 reports 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: Ed Maher		6/14/04	