

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010816

FILED
May 11, 2007
Secretary of State

Entity Name: FLORIDA FOUNDATION VOLUNTEER SERTOMA CLUB, INC.

Current Principal Place of Business:

4443 ROWAN RD
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

4443 ROWAN RD
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOWARD, BONNIE J
4443 ROWAN RD
NEW PORT RICHEY, FL 34653 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: HOWARD, BONNIE J
Address: 12651 WILDROSE AVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D () Delete
Name: KOOP, CANDACE R
Address: 1133 SALT TREE DR
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: MCCART, MARY LOU
Address: 13241 HILLWOOD CIR
City-St-Zip: HUDSON, FL 34667

Title: S () Delete
Name: GOLINSTA, DEBRA
Address: 6728 DRIFTWOOD DR
City-St-Zip: HUDSON, FL 34667

Title: P () Delete
Name: ANDERSON, NICOLE
Address: 5449 ST. JAMES DR
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: HOWARD, BONNIE J
Address: 12651 WILDROSE AVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VP (X) Change () Addition
Name: KOOP, CANDACE R
Address: 1133 SALT TREE DR
City-St-Zip: PORT RICHEY, FL 34668

Title: T (X) Change () Addition
Name: MCCART, MARY LOU
Address: 13241 HILLWOOD CIR
City-St-Zip: HUDSON, FL 34667

Title: S (X) Change () Addition
Name: GOLINSKI, DEBRA
Address: 6728 DRIFTWOOD DR
City-St-Zip: HUDSON, FL 34667

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

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: DEBRA GOLINSKI

S

05/11/2007

Electronic Signature of Signing Officer or Director

Date