


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90225 024 \*\*\*\*61.25

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # N06114</b><br>1. Entity Name<br>NORTHEAST PENSACOLA SERTOMA CLUB, INC.   |  |   |   |  |  |
| Principal Place of Business<br>4715 BAYOU BLVD.<br>PENSACOLA, FL 32504 US  |  |   |   | Mailing Address<br>P.O. BOX 10697<br>PENSACOLA, FL 32504-0697 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<br>59-2417459   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent  |  |   |   | 7. Name and Address of New Registered Agent                                       |  |
| BROCHU, WILLIAM R<br>5930 OTTER POINT RD<br>PENSACOLA, FL 32504  |  |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                      |  |
| Make check payable to<br><b>Florida Department of State</b>  |  |   |   |   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>SEBASTIAN, STEVE<br>6495 HERMITAGE DR<br>PENSACOLA, FL 32504  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>CARRO, MICHAEL<br>4369 DEVEREUX CIR<br>PENSACOLA, FL 32504    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>KENAN, DAN<br>4025 MARJEAN COURT<br>PENSACOLA, FL 32504       | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>BROCHU, WILLIE<br>5930 OTTER POINT RD<br>PENSACOLA, FL 32504 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>SUMMITT, GARY<br>2370 WINDSTONE<br>PENSACOLA, FL             | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MARTIN, JEFFREY<br>671 BRENT LANE<br>PENSACOLA, FL            | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |  |   |   |   |  |
| <b>SIGNATURE:</b> <u>William R. Brochu</u> <b>WILLIAM R. BROCHU</b> <u>4/20/2006</u> <u>435-8887</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |   |   |  |

