


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90087 044 ****61.25

DOCUMENT # N06114 1. Entity Name NORTHEAST PENSACOLA SERTOMA CLUB, INC.					
Principal Place of Business 4715 BAYOU BLVD. PENSACOLA, FL 32504 US			Mailing Address P.O. BOX 10697 PENSACOLA, FL 32504-0697 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2417459	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROCHU, WILLIAM R 5430 OTTER POINT RD PENSACOLA, FL 32504				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	3 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SEBASTIAN, STEVE		NAME	MOLLOY, ROGER	
STREET ADDRESS	6495 HERMITAGE DR		STREET ADDRESS	6809 KITTY HAWK	
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CARRO, MICHAEL		NAME	JENKINS, CORNELL	
STREET ADDRESS	4369 DEVEREUX CIR		STREET ADDRESS	601 E. BURGESS RD. UNIT K10	
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENAN, DAN		NAME		
STREET ADDRESS	4025 MARJEAN COURT		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROCHU, WILLIE		NAME		
STREET ADDRESS	5930 OTTER POINT RD		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUMMITT, GARY		NAME		
STREET ADDRESS	2370 WINDSTONE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARTIN, JEFFREY		NAME	KNEFLEY, GEORGE	
STREET ADDRESS	671 BRENT LANE		STREET ADDRESS	2862 BLACKSHAW AVE	
CITY-ST-ZIP	PENSACOLA, FL		CITY-ST-ZIP	PENSACOLA, FL 32503	
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.					
SIGNATURE: <u>William R Brochu</u> WILLIAM R. BROCHU <u>4/30/07</u> <u>850-435-8887</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					