FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:22

DOCUMENT # **N11081** **(9)**

1. Corporation Name

DUNNELLON SERTOMA CLUB, INCORPORATED

Principal Place of Business	Mailing Address
416 E. PENN AVENUE P.O.BOX 2067 DUNNELLON FL 32630	416 E. PENN AVENUE P.O.BOX 2067 DUNNELLON FL 32630

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1985
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-2666894 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

PRIVETT, EARL
11060 S.W. 186TH CIR.
DUNNELLON FL 34432

10. Name and Address of New Registered Agent

81 Name: GENE MUSSER
82 Street Address (P.O. Box Number Not Acceptable): 6439 W. RIVERBEND RD
83
84 City: DUNNELLON FL 85 Zip Code: 34433

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Gene Musser GENE MUSSER (P)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	PRIVETT, EARL	12 NAME		
STREET ADDRESS	11060 SW 186TH CIRCLE	13 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL	14 CITY-ST-ZIP		
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, MALLIE	22 NAME		
STREET ADDRESS	2238 W. DUNNELLON RD.	23 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL	24 CITY-ST-ZIP		
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	PIPER, CHARLES O	32 NAME		
STREET ADDRESS	3020 SW 189TH LANE	33 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	MUSSER, GENE	42 NAME		
STREET ADDRESS	6439 W. RIVERBEND RD.	43 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MARTIN, LOU	52 NAME		
STREET ADDRESS	221 WITHLACOCCHEE RD. TRAIL	53 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	FORT, ALLEN	62 NAME		
STREET ADDRESS	310 E. PENNSYLVANIA AVE.	63 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gene Musser GENE MUSSER 4/6/95 904-795-5164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084709