

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 08 1997 8:00am  
Secretary of State

DOCUMENT # **N11081** (9)

1. Corporation Name

**DUNNELLO SERTOMA CLUB, INCORPORATED**

Principal Place of Business

**4326 S.W 159 CT  
DUNNELLO FL 34481**

Mailing Address

**PO BOX 2067  
DUNNELLO FL 34430-2067**

3. Date Incorporated or Qualified  
**09/13/1985**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip Country

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip Country

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**PAGNANO, JON  
11868 N WILLIAMS ST  
DUNNELLO FL 34432**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **PRIVETT, EARL**  
STREET ADDRESS **11060 SW 186TH CIRCLE**  
CITY-ST-ZIP **DUNNELLO FL**

TITLE **D** ☐ DELETE  
NAME **ROBERTS, MALLIE**  
STREET ADDRESS **2238 W DUNNELLO RD**  
CITY-ST-ZIP **DUNNELLO FL**

TITLE **D** ☐ DELETE  
NAME **RACZ, DANIEL**  
STREET ADDRESS **1945 S.W. ALGIERSS CT**  
CITY-ST-ZIP **DUNNELLO FL**

TITLE **T** ☐ DELETE  
NAME **PAGNANO, JON**  
STREET ADDRESS **11868 N. WILLIAMS ST**  
CITY-ST-ZIP **DUNNELLO FL**

TITLE **D** ☐ DELETE  
NAME **MARTIN, LOU**  
STREET ADDRESS **221 WITHLACOCHEE RD TRAIL**  
CITY-ST-ZIP **DUNNELLO FL**

TITLE **D** ☐ DELETE  
NAME **CINHART, LEN**  
STREET ADDRESS **4326 S.W 159 CT**  
CITY-ST-ZIP **DUNNELLO FL 34481**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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:

**4-23-97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0088087**

CR2E037 (9/96)