FILE NOW, FILING FAL IO \$61.25.

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N11081

Corporation Name

DUNNELLON SERTOMA CLUB, INCORPORATED

Principal Place of Business 4326 S.W 159 CT DUNNELLON FL 34481

2. Principal Place of Business

SIGNATURE:

Mailing Address

PO BOX 2067 MUNNELLON FL 34430

2a. Mailing Address

FILED Feb 27, 1999 8:00 am Secretary of State

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3. Date Incorporated or Qualifed

21		26	26)			09/13/1985				
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			4. FEI Number			App	led For]
22	27				59-266689	14		Not	Applicable]
City & State					5. Certificate of S	Status Danisad		\$8.75 A	dditional	ł
23	-, · ' ' '				5. Certificate of a	yearus Desireu		Fee Re	zuired	[
Zip	Country Zip			y	6. Election Cam	paign Financing		\$5.00	May Be	
24	29 29 30				Trust Fund C	ontribution		Added to	Fees.	ļ
	9. Name and Address of Current			10. Name and A	ddress of New F	tegistered.	Agent		ļ	
			81	Name	Privett	Earl				Ĺ
PAGNIANO, JON				Street A	ddress (P.O. Box Numb	er is Not Accepta	able)		~	1
11868 N WILLIAMS ST				11	060 560,18	6 circle				
DUNNELLON FL 34432				1						Į
DOMNELLEON FL STAR			<u> </u>	0.5.				83 Zip C	'nda	ł
			84	City	hpwelled _		FL	314		1
11. Pursuant	to the provisions of Sections 617,0502	and 617.1508, Florida Statute	s, the abov	o comed c	omoration submits this	statement for the	purpose of	changing its	registered	1
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 Elorida. 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 polygations of, Section 617.0503, Florida Statutes.										
agent. I am familiar with, and accept the polygations of, Section 617.0503, Florida Statutes. SIGNATURE										
SIGNATURE	Signature, typolitical printed name of registered agent	and the V applicable. (NOTE:	Reciptored Acc	eret miceraalium paer	ulred when reinstating)		<u>~ ≥∪</u> MTE	- 41		la
12.	OFFICERS AN		13.		ADDITIONS/CI	HANGES TO OF	FICERS AN	D DIRECTO	RS IN 12	9
TILE	D	DELETE	1.1 TITLE					Change	☐ Addition	3
NAME	PRIVETT, EARL		12 NAME							ם
	11060 SW 186TH CIRCLE			T ADDRESS					,	۱ ۱
STREET ADORESS	DUNNELLON FL		1.4 CITY-							ן לַ
CITY-ST-ZIP		DELETE	2,1 TITLE	81-ZP	 ,			Change	Addition	2
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NAME	ROBERTS, MALLIE		2.2 NAME							1
STREET ADDRESS	2238 W DUNNELLON RD			TADDRESS						İ
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TITLE	D	☐ DELETE	3.1 TITLE					- Committee		l
NAME [RACZ, DANIEL		32 NAME	1						١.
STREET ADDRESS	1945 S.W. ALGIERSS CT		3.3 STRE	T ADDRESS						1
CITY-ST-ZIP	DUNNELLON FL		3.4. CITY-					<u></u>	Addition	1
TITLE	T	DELETE:	4.1-717LE	~				Change	- Nominou	i ~
NAME	Pagniano, Jon		4. 2 NAME							
STREET ADDRESS	11868 N. WILLIAMS ST		4.3 STREE	T ADDRESS						1
CITY-ST-ZIP	DUNNELLON FL		4.4 CITY-	ST-ZP						1
TITLE	D	☐ DELETE	5.1 TIFLE					Change 🗌	Addillon	ĺ
NAME	MARTIN, LOU		5.2 NAME							1
STREET ADDRESS	221 WITHLACOCCHEE RD TRAI	L	5.3 STREE	TADORESS						}
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TITLE	D	☐ DELETE	6 t TTLE					☐ Change	Addition	
NAME	CINHART, LEN		62 NAME							
STREET ADDRESS	ARRA OT		6.3 STRE	T ADDRESS						}
CITY-ST-ZIP	DUNNELLON FL 34481		8.4 CITY-	ST-25P						
44	- 45 . 44 of the information grandlad wit	h this filing does not qualify for	the every	tion stated i	in Section 119.07(3)(i),	Florida Statutes.	further cer	tify that the in	formation	•
14. I heraby 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 cath; 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 accuracy, with all other like empowered.										