

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90509 007 \*\*\*\*70.00

**DOCUMENT # N11081**

1. Entity Name

DUNNELLON SERTOMA CLUB, INCORPORATED



Principal Place of Business

11871 ILLINOIS ST  
DUNNELLON FL 34431

Mailing Address

PO BOX 2067  
DUNNELLON FL 34430

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

59-2666894

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, DON  
10830 SW 185 TERRACE  
DUNNELLON FL 34432

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

*Don R Wilson* DON WILSON

4/19/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 NAME	P ROBERTS, MALLIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5168 W DAPHINE LN	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE NAME	D WILSON, DAN	<input type="checkbox"/> Delete
STREET ADDRESS	10830 SW 185 TERRACE	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE NAME	S GOLDSMITH, STEPHEN	<input type="checkbox"/> Delete
STREET ADDRESS	20312 ROBINSON RD	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE NAME	D.V.P MARTIN, LOU	<input type="checkbox"/> Delete
STREET ADDRESS	221 WITHLACOCHEE TRAIL	
CITY-ST-ZIP	DUNNELLON FL 34434	
TITLE NAME	D LINHART, KEN	<input type="checkbox"/> Delete
STREET ADDRESS	4326 S.W 159 CT	
CITY-ST-ZIP	DUNNELLON FL 34481	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	P CECIL MCLERO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3067 S.W. BREEZY PT DR	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE NAME	T. ROBERT ORRIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	19087 S.W. 105 LAKE RD	
CITY-ST-ZIP	DUNNELLON, FL 34432	
TITLE NAME	D ROBERTS, MALLIE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5168 W. DAPHINE LN	
CITY-ST-ZIP	DUNNELLON, FL 34433	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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:

*Robert Orris* ROBERT ORRIS

4/18/04

(352) 465-5266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #