## 2006 NOT-FOR-PROFIT CORPORATION ———ANNUAL REPORT (AR)

## Feb 20, 2006 8:00 am **Secretary of State** DOCUMENT # N11081 1. Entity Name 02-20-2006 90049 050 \*\*\*\*61.25 DUNNELLON SERTOMA CLUB, INCORPORATED Principal Place of Business Mailing Address 11871 ILLINOIS ST DUNNELLON FL 34431 PO BOX 2067 DUNNELLON FL 34430 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-2666894 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILSON, DAN Street Address (P.O. Box Number is Not Acceptable) 10830 SW 185 TERRACE **DUNNELLON FL 34432** 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 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCLEOD, CECIL NAME NAME 3467 SW BREEZY 1ST DRIVE STREET ADDRESS STREET ADDRESS **DUNNELLON FL 34431** CITY-ST-ZIP CITY-ST-Z(P TITLE Delete Change ☐ Addition ORENS, T. ROBERT NAME NAME 19017 SE 105 LANE RD STREET ADDRESS STREET ADDRESS **DUNNELLON FL 34432** CITY-ST-ZIP CITY-ST-ZIP [] [Delete ☐ Change - ☐ Addition-TITLE TITLE GOLDSMITH, STEPHEN L NAME STREET ADDRESS 20312 ROBINSON ROAD STREET ADDRESS **DUNNELLON FL 34431** CITY-ST-ZIP CITY-ST-ZIP VΡ ☐ Delete ☐ Change ☐ Addition TITLE TITLE MARTIN, LOU NAME NAME 221 W. WITHLACOOCHEE TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DUNNELLON FL 34434** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CtTY+ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE: X Stephen & Stephen L. Gildsmith 2.9-06 352-489-9479