

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11081

FILED
Aug 14, 2007
Secretary of State

Entity Name: DUNNELLON SERTOMA CLUB, INCORPORATED

Current Principal Place of Business:

11871 ILLINOIS ST
DUNNELLON, FL 34431

New Principal Place of Business:

Current Mailing Address:

PO BOX 2067
DUNNELLON, FL 34430

New Mailing Address:

FEI Number: 59-2666894 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILSON, DAN
10830 SW 185 TERRACE
DUNNELLON, FL 34432 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCLEOD, CECIL
Address: 3467 SW BREEZY 1ST DRIVE
City-St-Zip: DUNNELLON, FL 34431

Title: T () Delete
Name: ORENS, T. ROBERT
Address: 19017 SE 105 LANE RD
City-St-Zip: DUNNELLON, FL 34432

Title: S () Delete
Name: GOLDSMITH, STEPHEN L
Address: 20312 ROBINSON ROAD
City-St-Zip: DUNNELLON, FL 34431

Title: VP () Delete
Name: MARTIN, LOU
Address: 221 W. WITHLACOOCHEE TRAIL
City-St-Zip: DUNNELLON, FL 34434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN L. GOLDSMITH

PRES

08/14/2007

Electronic Signature of Signing Officer or Director

Date