

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91227 028 ****61.25

DOCUMENT # N11272

1. Entity Name
GULF BREEZE SERTOMA CLUB, INC.



Principal Place of Business
**1285 POINT EAST CIRCLE
GULF BREEZE, FL 32563 US**

Mailing Address
**1285 POINT EAST CIRCLE
GULF BREEZE, FL 32563 US**

54051473

DO NOT WRITE IN THIS SPACE

04052004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2587239

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NALL, CECIL G
1285 POINT EAST CIRCLE
GULF BREEZE, FL 32561**

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	NALL, CECIL G
STREET ADDRESS	1285 POINT EAST CIRCLE
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	SD
NAME	BURKE, MICHAEL
STREET ADDRESS	306 PLANTATION HILL RD
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	PD
NAME	FRANCE, WILLIAM Schm. dt, E. Robert
STREET ADDRESS	3887 BAY WIND DRIVE 1048 Woodlore Circle
CITY-ST-ZIP	GULF BREEZE, FL 32563 Gulf Breeze, FL 32563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/05 880-934-5753