

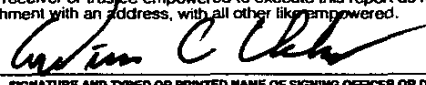


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90023 031 \*\*\*\*61.25

<b>DOCUMENT # N11272</b> 1. Entity Name <b>GULF BREEZE SERTOMA CLUB, INC.</b>					
Principal Place of Business <b>1285 POINT EAST CIRCLE</b> <b>GULF BREEZE, FL 32563</b> <b>US</b>			Mailing Address <b>1285 POINT EAST CIRCLE</b> <b>GULF BREEZE, FL 32563</b> <b>US</b>		
2. Principal Place of Business <b>3376 SANTA ROSA DR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>3376 SANTA ROSA DR.</b> Suite, Apt. #, etc.			
City & State <b>GULF BREEZE, FL</b> Zip    Country <b>32563</b> <b>FL</b>		City & State <b>GULF BREEZE, FL</b> Zip    Country <b>32563</b> <b>FL</b>		4. FEI Number <b>59-2587239</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>NALL, CECIL G</b> <b>1285 POINT EAST CIRCLE</b> <b>GULF BREEZE, FL 32561</b>				7. Name and Address of New Registered Agent Name <b>WILLIAM C. CLARK</b> Street Address (P.O. Box Number is Not Acceptable) <b>3376 SANTA ROSA DR.</b> City <b>GULF BREEZE</b> <b>FL</b> Zip Code <b>32563</b>	
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  <b>July 11, 2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>NALL, CECIL G</b> <b>1285 POINT EAST CIRCLE</b> <b>GULF BREEZE, FL 32561</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>CLARK, WILLIAM C</b> <b>3376 SANTA ROSA DRIVE</b> <b>GULF BREEZE, FL 32563</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>WILLIAM, TIM P</b> <b>510 DRACENA WAY</b> <b>GULF BREEZE, FL 32563</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CLARK, WILLIAM S.</b> <b>4181 SOUNDPOINT DR.</b> <b>GULF BREEZE, FL 32563</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PREVIOUS VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TURPIN, ROBERT K.</b> <b>P.O. BOX 95</b> <b>GULF BREEZE, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <b>July 11, 2006 (850) 932-5490</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					