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FILED

Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N11654** (3)

1. Corporation Name

SERTOMA CLUB OF GREATER SARASOTA, INC.

Principal Place of Business

**1800 SECOND STREET, SUITE 717
SARASOTA FL 34236**

Mailing Address

**P.O. BOX 1611
SARASOTA FL 34230-1611**



3. Date Incorporated or Qualified
10/18/1985

3a. Date of Last Report
10/02/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-6213279

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCLAIN, GEORGE R
1800 SECOND STREET, SUITE 717
SARASOTA FL 34236**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOFER, CHRIS	
STREET ADDRESS	910 SIESTA KEY PLACE	
CITY - ST - ZIP	SARASOTA FL 34234	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	DARNELL, ROBERT	
STREET ADDRESS	4757 CHARING CROSS RD	
CITY - ST - ZIP	SARASOTA FL 34231	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOIKO, WILLIAM	
STREET ADDRESS	210 OGDEN	
CITY - ST - ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PIPER, BOB	
STREET ADDRESS	6541 CANARY STREET	
CITY - ST - ZIP	SARASOTA FL 34241	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHILLIPS, CRAIG	
STREET ADDRESS	2025 CASS WAY, #22	
CITY - ST - ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CURTIS, JIM	
STREET ADDRESS	2119 LYCHEE LANE	
CITY - ST - ZIP	SARASOTA FL 34275	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0062767**

CR2E037 (9/96)