

FILE NOW: FILING FEE IS \$61.25

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Jan 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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	Mailing Address
1800 SECOND STREET, SUITE 717 SARASOTA FL 34236	P.O. BOX 1611 SARASOTA FL 34230

3. Date Incorporated or Qualified  
**10/18/1985**

4. FEI Number <b>59-6213279</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

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

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	KOFLER, CHRIS	1.2 NAME	BENNETT, MICHAEL
STREET ADDRESS	910 SIESTA KEY PLACE	1.3 STREET ADDRESS	7304 BROUGHTON STREET
CITY-ST-ZIP	SARASOTA FL 34234	1.4 CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	CD	2.1 TITLE	SD
NAME	DARNELL, ROBERT	2.2 NAME	HICKS, DAVID
STREET ADDRESS	4757 CHARING CROSS RD	2.3 STREET ADDRESS	4908 OLD OAKLEAF DRIVE
CITY-ST-ZIP	SARASOTA FL 34231	2.4 CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	SD	3.1 TITLE	TD
NAME	LOIKO, WILLIAM	3.2 NAME	COOLEY, RICHARD E. II
STREET ADDRESS	210 OGDEN	3.3 STREET ADDRESS	1363 TANGIER WAY
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	TD	4.1 TITLE	
NAME	PIPER, BOB	4.2 NAME	
STREET ADDRESS	6541 CANARY STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34241	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	PHILLIPS, CRAIG	5.2 NAME	
STREET ADDRESS	2025 CASS WAY, #22	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	CURTIS, JIM	6.2 NAME	
STREET ADDRESS	2119 LYCHEE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34275	6.4 CITY-ST-ZIP	

14. 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 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:

*Richard E. Cooley II*

JAN 7 1998

(941) 957-1515

CR2E037 (10/97)