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02-24-1999 90009 044 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11654

1. Corporation Name

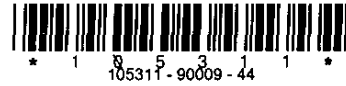
SERTOMA CLUB OF GREATER SARASOTA, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 P.O. Box 1611

Suite, Apt. #, etc.

22 Sarasota FL

23 Zip 34230 Country

24

2a. Mailing Address

26 P.O. Box 1611

Suite, Apt. #, etc.

27 Sarasota FL

28 Zip 34230 Country

29

30

3. Date Incorporated or Qualified

10/18/1985

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**

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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** ☐ DELETE
NAME **BENNETT, MICHAEL**
STREET ADDRESS **7304 BROUGHTON ST**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **SD** ☐ DELETE
NAME **HICKS, DAVID**
STREET ADDRESS **4908 OLD OAKLEAF DR.**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **TD** ☒ DELETE
NAME **COOLEY, RICHARD E. II**
STREET ADDRESS **1363 TANGIER WAY**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE:

SIGNATURE R Robert W. Darnell, Treasurer

1/8/99

(941) 365-4950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)