## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11654

FILED Apr 27, 2006 Secretary of State

Entity Name: SERTOMA CLUB OF GREATER SARASOTA, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 1611

SARASOTA, FL 34230 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1611

SARASOTA, FL 34230 US

FEI Number: 59-6213279 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

NATORE.

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete Title: CD (X) Change ( ) Addition Name: HAGERMAN, LISA Name: CONRAD, ALLEN

Address: 4706 CHARING CROSS CIRCLE Address: 2000 WEBBER ST
City-St-Zip: SARASOTA, FL 34241 City-St-Zip: SARASOTA, FL 34239

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: CONRAD, ALLEN Name: WILSON, ROBERT H

 Address:
 2000 WEBBER ST
 Address:
 1945 17TH ST

 City-St-Zip:
 SARASOTA, FL 34239
 City-St-Zip:
 SARASOTA, FL 34234

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition Name: LEVESQUE-CAIN, LISETTE Name: HAWKINS, MICHAEL

Address: 3412 SEA VIEW Address: 832 HAMPTONWOOD COURT City-St-Zip: SARASOTA, FL 34239 City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT H WILSON PD 04/27/2006