

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90090 045 ****61.25

DOCUMENT # N11654

1. Entity Name
SERTOMA CLUB OF GREATER SARASOTA, INC.



Principal Place of Business
P.O. BOX 1611
SARASOTA, FL 34230 US

Mailing Address
P.O. BOX 1611
SARASOTA, FL 34230 US

DO NOT WRITE IN THIS SPACE



01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6213279	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 Michael W. Wilson DATE 1/4/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD CONRAD, ALLEN 2000 WEBBER ST 6017 Chaparral Ave. SARASOTA, FL 34239 Sarasota, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILSON, ROBERT H 1045 17TH ST 5137 Flicker Field Circle SARASOTA, FL 34234 Sarasota, FL 34231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HAWKINS, MICHAEL 832 HAMPTONWOOD COURT 3639 Country Place Blvd SARASOTA, FL 34232 34233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #