## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 22, 2004 8:00 am Secretary of State DOCUMENT # N11739 04-22-2004 90059 029 \*\*\*\*61.25 HERNANDO COUNTY LA SERTOMA CLUB, INC. Principal Place of Business Mailing Address 5210 FOREST GLENN DRIVE 5210 FOREST GLENN DRIVE **44001066** SPRING HILL FL 34607 SPRING HILL FL 34607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-2286238 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KUHLOW -KUHLOV, MARILYN A Street Address (P.O. Box Number is Not Acceptable) 5210 FOREST GLENN DRIVE SPRING HILL FL 34607 City Zip Code 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 registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE Delete TITLE ÞΒ Change Addition METZ, BARBARA NAME NAME Thornton, Gloria 1362 WATERFALL DRIVE STREET ADDRESS STREET ADDRESS 5317 Slater Rd. SPRING HILL FL 34607 CITY-ST-ZIP CITY-ST-ZIP Spring Hill, FL 34606 Delete TITLE Addition 1VD MYERS, BARBARA R NAME NAME EeecyNancy 18545 FIRETHORN DRIVE STREET ADDRESS STREET ADDRESS 7368 Acorn Circle SPRING HILL FL 34610 CITY-ST-ZIP Spring Hill, FL 34606 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 2VD X Addition KUHLOW, MARILYN - - -NAME NAME Hilton, Ruth 5210 FOREST GLENN DRIVE STREET ADDRESS STREET ADDRESS 1174 Hallcrest Ave. SPRING HILL FL 34607 CITY-ST-ZIP CITY-ST-ZIP Spring Hill, FL 34608 TITLE ☐ Delete TITLE ☐ Change ☐ Addition DYCKSON, HELEN NAME MALIE 10271 BERNARDA CT. STREET ADDRESS STREET ADDRESS SPRING HILL FL 34608 CITY-ST-ZIF CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**