


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90106 011 ****61.25

DOCUMENT # N11739 1. Entity Name HERNANDO COUNTY LA SERTOMA CLUB, INC.					
Principal Place of Business 5210 FOREST GLENN DRIVE SPRING HILL FL 34607 US			Mailing Address 5210 FOREST GLENN DRIVE SPRING HILL FL 34607 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2286238	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUHLOW, MARILYN A 5210 FOREST GLENN DRIVE SPRING HILL FL 34607				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE <i>Marilyn A. Kuhlman</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THORNTON, GLORIA 5317 SLATER RD. SPRING HILL FL 34606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Nancy Lee 7368 Acorn Circle Spring Hill, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD LEE, NANCY 7368 ACORN CIRCLE SPRING HILL FL 34606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st. VP Joan Sutton 10242 Swanson Ct. Spring Hill, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUHLOW, MARILYN 5210 FOREST GLENN DRIVE SPRING HILL FL 34607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd VP Helen Dyckson 10271 Bernarda Ct. Spring Hill, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DYCKSON, HELEN 10271 BERNARDA CT. SPRING HILL FL 34608	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ruth Hilton 1174 Hallcrest Ave. Spring Hill, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD HILTON, RUTH 1174 HALLCREST AVE. SPRING HILL FL 34608	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Marilyn A. Kuhlman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date					
Daytime Phone #					