

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90100 024 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2286238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUHLOW, MARILYN A  
5210 FOREST GLENN DRIVE  
SPRING HILL FL 34607

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LEE, NANCY	
STREET ADDRESS	7368 ACORN CIRCLE	
CITY-STATE-ZIP	SPRING HILL FL 34606	

TITLE	1VP	<input checked="" type="checkbox"/> Delete
NAME	SUTTON, JOAN	
STREET ADDRESS	10242 SWANSON CT	
CITY-STATE-ZIP	SPRING HILL FL 34606	

TITLE	2VP	<input checked="" type="checkbox"/> Delete
NAME	DYCKSON, HELEN	
STREET ADDRESS	10271 BERNARDA CT	
CITY-STATE-ZIP	SPRING HILL FL 34608	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HILTON, RUTH	
STREET ADDRESS	1174 HALLCREST AVE	
CITY-STATE-ZIP	SPRING HILL FL 34608	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KUHLOW, MARILYN	
STREET ADDRESS	5210 FOREST GLENN DR	
CITY-STATE-ZIP	SPRING HILL FL 34607	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Francis, Di	
STREET ADDRESS	14003 Pullman Dr.	
CITY-STATE-ZIP	Spring Hill, FL 34609	

TITLE	1VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hilton, Ruth	
STREET ADDRESS	1174 Hallcrest Ave.	
CITY-STATE-ZIP	Spring Hill, FL 34608	

TITLE	2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott, Madeline	
STREET ADDRESS	5542 Newmark St.	
CITY-STATE-ZIP	Spring Hill, FL 34606	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wheeler, Patricia	
STREET ADDRESS	10220 Swanson Ct.	
CITY-STATE-ZIP	Spring Hill, FL 34608	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lee, Nancy	
STREET ADDRESS	7368 Acorn Circle	
CITY-STATE-ZIP	Spring Hill, FL 34606	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

Marilyn A. Kuhlow

4/23/07

(352)666-0040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #