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**Feb 18 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # N11889 (5)

**1. Corporation Name
TAMPA BREAKFAST SERTOMA CLUB, INC.**



Principal Place of Business 101 E KENNEDY BVD 4000 TAMPA FL 33602-5191
Mailing Address POST OFFICE BOX 2658 TAMPA FL 33601-2658 US

3. Date Incorporated or Qualified 11/04/1985
3a. Date of Last Report 03/21/1996

2. Principal Place of Business 21 400 N Ashley Drive
2a. Mailing Address 26

4. FEI Number 59-2369385
Applied For Not Applicable

22 Suite, Apt. #, etc. Suite 2650
27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State Tampa FL
28 City & State

6. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution

24 Zip 33602 **25** Country
29 Zip **30** Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
REMMERS, DEAN
C/O TECO ENERGY, INC.
702 N. FRANKLIN ST.
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name Frank D. Lagor
82 Street Address (P.O. Box Number is Not Acceptable) c/o Wheeler, Herman, Harvey & Lagor, PA
83 400 N. Ashley Drive, Suite 2650
84 City Tampa **85** Zip Code FL 33602

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Frank D. Lagor* **FRANK D. LAGOR - TREASURER** **2/13/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUMATE, TAMARA	1.2 NAME	
STREET ADDRESS	500 NORTH WESTSHORE #750	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JAMES D.	2.2 NAME	
STREET ADDRESS	211 BANNICKBURN NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REMMERS, DEAN	3.2 NAME	Frank D. Lagor
STREET ADDRESS	702 N FRANKLIN ST	3.3 STREET ADDRESS	400 N. Ashley Drive, Suite 2650
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa FL 33602
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEASON, DEBBIE	4.2 NAME	Barbara Sinsley
STREET ADDRESS	5102 E LONGBOAT BLVD	4.3 STREET ADDRESS	701 W. Bay Street
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa FL 33606
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Al Brunette
STREET ADDRESS		5.3 STREET ADDRESS	c/o TECO, 702 N. Franklin Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tampa FL 33602
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frank D. Lagor* **FRANK D. LAGOR** Frank D. Lagor 813-223-5577
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0046835

CR2E037 (9/96)