


FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N11889** (5)

1. Corporation Name

**TAMPA BREAKFAST SERTOMA CLUB, INC.**



Principal Place of Business <b>400 NO ASHLEY DRIVE STE 2650 TAMPA FL 33602 US</b>	Mailing Address <b>POST OFFICE BOX 2650 TAMPA FL 33601 US</b>
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3. Date Incorporated or Qualified <b>11/04/1985</b>
4. FEI Number <b>59-2369385</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>LAGOR, FRANK D C/O WHEELER, HERMAN, HARVEY &amp; LAGOR PA 400 NO ASHLEY DR STE 2650 TAMPA FL 33602</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>CD</b>	NAME <b>SHUMATE, TAMARA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>500 NORTH WESTSHORE #750</b>	CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>PD</b>	NAME <b>MOORE, JAMES D.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>211 BANNICKBURN NE</b>	CITY-ST-ZIP <b>TEMPLE TERRACE FL</b>	
TITLE <b>TD</b>	NAME <b>LAGOR, FRANK D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>400 NO ASHLEY DRIVE STE 2650</b>	CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>SD</b>	NAME <b>SINSLEY, BARBARA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>701 WEST BAY ST</b>	CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>VD</b>	NAME <b>BRUNETTE, AL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>C/O TECO, 702 NO FRANKLIN ST</b>	CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>VD</b>	NAME <b>MOORE, MELISSA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>211 N BANNICKBURN AVE</b>	CITY-ST-ZIP <b>TEMPLE TERRACE FL 33617</b>	

1.1 TITLE <b>CHAIRMAN C/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>211 N. BANNICKBURN AVE</b>	
1.3 STREET ADDRESS <b>TEMPLE TERRACE FL 33617</b>	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>SECRETARY SID</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>RAYMONDO, MICHAEL</b>	
4.3 STREET ADDRESS <b>10713 CAPE HATTERAS DRIVE</b>	
4.4 CITY-ST-ZIP <b>TAMPA, FL 33615</b>	
5.1 TITLE <b>PRESIDENT P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP <b>TAMPA, FL 33602</b>	
6.1 TITLE <b>PRESIDENT V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *[Signature]* 4/20/98 (813) 223-5577

CR2E037 (1097)