

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N12033 (9)**

1. Corporation Name
WINTER HAVEN SERTOMA CLUB, INC.

Principal Place of Business
**395 AVENUE C, N.W.
P. O. BOX 104
WINTER HAVEN FL 33881**

Mailing Address
**395 AVENUE C, N.W.
P. O. BOX 104
WINTER HAVEN FL 33881**

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95 MAY -1 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/13/1985	01/12/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		50-2525005	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		30 Country		<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> \$5.00 May Be Added to Fees
26		31		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <input checked="" type="checkbox"/>
27		32		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
28		33		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CASEY, ALLAN L. 395 AVENUE C, N.W. WINTER HAVEN FL 33881				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				200001821262			
				83			
				-05/14/95--01127--022			
				84 City			
				FL			
				85 Zip Code			
				****70.00 ****70.00			

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAXWELL, JOHN	1.2 NAME	CHENEY, RICHARD C.
STREET ADDRESS	401 COLEMAN DRIVE, S.E.	1.3 STREET ADDRESS	1826 SIXTH ST. S.E.
CITY-ST-ZIP	WINTER HAVEN FL 33884	1.4 CITY-ST-ZIP	Winter Haven, FL 33880
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V-D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, JAMES C.	2.2 NAME	PEARCE, JAMES C.
STREET ADDRESS	1215 FAIRLANE COURT, NW	2.3 STREET ADDRESS	1215 FAIRLANE COURT NW
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	Winter Haven, FL 33881
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	S-D
NAME	PHILLIPS, JAMES A.	3.2 NAME	Phillips, JAMES A.
STREET ADDRESS	950 1ST ST. SOUTH	3.3 STREET ADDRESS	950 FIRST ST SOUTH
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	Winter Haven, FL 33880
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HREZO, STEPHEN M. II	4.2 NAME	Frazier, Burrel.
STREET ADDRESS	1150 ELOISE LOOP RD SE	4.3 STREET ADDRESS	740 Santa Maria Drive
CITY-ST-ZIP	WINTER HAVEN FL 33884	4.4 CITY-ST-ZIP	Winter Haven, FL 33884
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	CASEY, ALLAN C.	5.2 NAME	
STREET ADDRESS	402 FLAGLER RD., S.E.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33884	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, DONALD R	6.2 NAME	HARRISON, DONALD R.
STREET ADDRESS	217 AVENUE D SW	6.3 STREET ADDRESS	217 AVENUE D SW
CITY-ST-ZIP	WINTER HAVEN FL	6.4 CITY-ST-ZIP	Winter Haven, FL 33880

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Richard C. Cheney 4/23/96 941-293-3910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD C. CHENEY, TREASURER

CR2E037 (12/95)