FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N16131

Corporation Name

FIREFIGHTERS SERTOMA CLUB OF TAMPA, INC.						
Principal Place of Business Mailing Address						
1130 WISPER RUN CT 1130 WISPER RUN CT						
P. O. BOX 15608 P. O. BOX 15608						
TAMPA FL 3368	34	TAMPA FL 33684				
Principal Place of Business 2a. Mailing Address						Date Incorporated or Qualifed
21	300 O. Buom.	26			<u> </u>	07/30/1986
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For 59-2642976 Not Applicable
22		27				59-2642976 Not Applicable \$8.75 Additional
City & State	1	City & State				5. Certificate of Status Desired Fee Required
23		28		<u></u>		
Zip	Country	Zip	Cour	nury		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24	25		30			10. Name and Address of New Registered Agent
	9. Name and Address of Curre	nt Registered Agent		81	Name	To reality and the second
MILLS, JEWELL IRA				82	Street A	Address (P.O. Box Number is Not Acceptable)
1130 WISPER RUN CT				83		
LUTZ FL 33549						
				84	City	FL 85 Zip Code
			- 4		namad a	the statement for the purpose of changing its registered
11. Pursuant office or reagent. I as	to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig	602 and 617.1508, Florida Statute e of Florida. Such change was at gations of, Section 617.0503, Flor	uthorized rida Stati	by t utes.	the corpor	corporation submits this statement to the purpose of the appointment as registered poration's board of directors. I hereby accept the appointment as registered
						required when reinstating) DATE
Signature, typed or printed name of registered agent and title in approxime.				Agent	(signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		DELETE	13.	TLE		Change Addition
TITLE	PD		1.2 N			•
NAME	MARTINEL, NICHAND N		•	1.3 STREET ADDRESS		
STREET ADDRESS	14118 VILLAGE VIEW DRIVE					<u> </u>
CITY-ST-ZIP	TAMPA FL	TAMPA FL		1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	SD		2.2 N			,
NAME	HUDSON, JAMES N			2.3 STREET ADDRESS		
STREET ADDRESS	50 30 10 STENEING MANON DIT		ь	2.4 CITY-ST-ZIP		
CITY-ST-ZIP	TAMPA FL DELETE 31		_	3.1 TITLE		Change Addition
TITLE	TD	····		AME	1	
NAME	MILLS, JEWELL IRA				ADDRESS	B
STREET ADDRESS	1			OTY-S	1	
CITY-ST-ZIP	LUTZ FL	☐ DELETE	4.1 T	_	· 	☐ Change ☐ Addition
TITLE				VAME	ļ	
NAME			1		T ADDRESS	s .
STREET ADDRESS	[ITY-S		
CITY-ST-ZIP						☐ Change ☐ Addition

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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE: Volume

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

DELETE

IRA MILLS JAN. 30 1999 813 949 520 5

Change

☐ Addition

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90006 014 ****61.25