

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

4-1-95 18-3357

CORPORATION ANNUAL REPORT 1995  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 APR 11 PM 9:52

DOCUMENT # N16180 (4)  
 1. Corporation Name  
**TAMPA GEM SERTOMA CLUB, INC.**

Principal Place of Business Mailing Address  
 C/O MARY ELLEN MILES  
 6510 SPANISH MOSS CIRCLE  
 TAMPA FL 33625  
 US  
 C/O MARY ELLEN MILES  
 6510 SPANISH MOSS CIRCLE  
 TAMPA FL 33625  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/04/1986 3a. Date of Last Report 06/02/1994  
 4. FEI Number 59-2717792 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
 8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent  
 MOSES, JO ANNE  
 22020 HEATHERWOOD LANE  
 LAND O'LAKES FL 34639

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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                      | T                        | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MOSES, JO ANNE           | 1.2 NAME  | Kathy Tragon   |
| STREET ADDRESS             | 22020 HEATHERWOOD LANE   | 1.3 STREET ADDRESS                                    | 501 Justice Drive  |
| CITY - ST - ZIP            | LAND O'LAKES FL          | 1.4 CITY - ST - ZIP                                   | Tampa, Florida 33613   |
| TITLE                      | COBD                     | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CRUMPTON, PAULINE        | 2.2 NAME  | Moses, Jo Anne   |
| STREET ADDRESS             | 1388 ECKLES DR           | 2.3 STREET ADDRESS                                    | 22020 Heatherwood Lane   |
| CITY - ST - ZIP            | TAMPA FL                 | 2.4 CITY - ST - ZIP                                   | Land O'Lakes, FL 34639   |
| TITLE                      | T                        | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BRANSFORD, MARY FRANCES  | 3.2 NAME  | Schaller, Bette  |
| STREET ADDRESS             | 810 BEN LOMOND DR        | 3.3 STREET ADDRESS                                    | 116 Mission Hills  |
| CITY - ST - ZIP            | TEMPLE TERRACE FL        | 3.4 CITY - ST - ZIP                                   | Temple Terrace, Florida 33617  |
| TITLE                      | T                        | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MILES, MARY ELLEN        | 4.2 NAME  |  |
| STREET ADDRESS             | 6510 SPANISH MOSS CIRCLE | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | TAMPA FL                 | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                          | 5.2 NAME  |  |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                          | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                          | 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: Mary Ellen Miles Mary Ellen Miles 3/14/95 813-962-8117  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type in Year #)