

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 # **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

3. Date Incorporated or Qualified
08/04/1986

3a. Date of Last Report
04/11/1995

21 2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2717792

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

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

23 City & State

28 City & State

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

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOSES, JO ANNE
22020 HEATHERWOOD LANE
LAND O'LAKES FL 34639**

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 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

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 DELETE
NAME **TRAGON, KATHY**
STREET ADDRESS **501 JUSTICE DR**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME **COBD**
STREET ADDRESS **MOSES, JOANNE**
CITY-ST-ZIP **22020 HEATHERWOOD LANE**
LAND O'LAKES FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME **SCHALLER, BETTE**
STREET ADDRESS **116 MISSION HILLS**
CITY-ST-ZIP **TEMPLE TERRACE FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME **MILES, MARY ELLEN**
STREET ADDRESS **6510 SPANISH MOSS CIRCLE**
CITY-ST-ZIP **TAMPA FL**

4.1 TITLE Change Addition
4.2 NAME **BEVINHE, KATHERINE D.**
4.3 STREET ADDRESS **PO BOX 1561**
4.4 CITY-ST-ZIP **BRANDON FL 33509-1561**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 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

Kathleen E. Tragon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)