

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**  
97 OCT -7 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** *N11480*  
1. Corporation Name

**Tampa Gem Sertoma Club, Inc.**

Principal Place of Business Mailing Address

2. Principal Place of Business

21 **c/o Annie Boquet**

Suite, Apt. #, etc.

22 **12711 Marjory Avenue**

City & State

23 **Tampa, FL**

Zip

24 **33612**

Country

25 **USA**

2a. Mailing Address

26 **c/o Annie Boquet**

Suite, Apt. #, etc.

27 **12711 Marjory Avenue**

City & State

28 **Tampa, FL**

Zip

29 **33612**

Country

30 **USA**

3. Date Incorporated or Qualified

**8/4/86**

3a. Date of Last Report

**2/26/96**

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

**Annie Boquet**

82 Street Address (P.O. Box Number is Not Acceptable)

**12711 Marjory Avenue**

83

84 City

**Tampa**

**FL**

85 Zip Code

**33612**

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 *Annie Boquet*  
Signature, typed or printed name of registered agent and title if applicable

**Annie Boquet, Secretary**

**10/7/97**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>C/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Mary Frances Bransford</b>	
1.3 STREET ADDRESS	<b>810 Ben Lomond Drive</b>	
1.4 CITY-ST-ZIP	<b>Temple Terrace, FL 33617</b>	
2.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Debbie Doyle</b>	
2.3 STREET ADDRESS	<b>15350 Amberly Drive, #5321</b>	
2.4 CITY-ST-ZIP	<b>Tampa, FL 33647</b>	
3.1 TITLE	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Annie Boquet</b>	
3.3 STREET ADDRESS	<b>12711 Marjory Avenue</b>	
3.4 CITY-ST-ZIP	<b>Tampa, FL 33612</b>	
4.1 TITLE	<b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Susan Myer</b>	
4.3 STREET ADDRESS	<b>16704 Silver Moss Drive</b>	
4.4 CITY-ST-ZIP	<b>Tampa, FL 33624</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	<b>100002320601--3</b>	
5.4 CITY-ST-ZIP	<b>-10/15/97--01041--008</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: *Susan Myer*

**Susan Myer, Treasurer 10/7/97 813/930-6336**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #