

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16180 (4)
1. Corporation Name
TAMPA GEM SERTOMA CLUB, INC.



Principal Place of Business		Mailing Address	
% ANNIE BOQUET 12711 MARJORY AVENUE TAMPA FL 33612 US		% ANNIE BOQUET 12711 MARJORY AVENUE TAMPA FL 33612 US	
21	2a. Mailing Address	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	28	23	29
City & State		City & State	
24	25	29	30
Zip	Country	Zip	Country

3. Date Incorporated or Qualified
08/04/1986

4. FEI Number
59-2717792

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

BOQUET, ANNIE
12711 MARJORY AVENUE
TAMPPA FL 33612

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 *Annie Boquet* DATE **4/28/98**

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BRANSFORD, MARY FRANCES	
STREET ADDRESS	810 BEN LOMOND DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOYLE, DEBBIE	
STREET ADDRESS	15350 AMBERLY DRIVE, #5321	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BOQUET, ANNIE	
STREET ADDRESS	12711 MARJORY AVENUE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MYER, SUSAN	
STREET ADDRESS	18704 SILVER MOSS DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Annie Boquet, Secretary* DATE **4/28/98** 813
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ANNIE BOQUET** Daytime Phone # **282-6553**
 0048948

CR2E037 (10/97)