

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 23, 2006
Secretary of State**

DOCUMENT# N16180

Entity Name: TAMPA GEM SERTOMA CLUB, INC.

Current Principal Place of Business:

22020 HEATHERWOOD LANE
LAND O LAKES, FL 346394566 US

New Principal Place of Business:

Current Mailing Address:

22020 HEATHERWOOD LANE
LAND O LAKES, FL 346394566 US

New Mailing Address:

FEI Number: 59-2717792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSES, JOANNE
22020 HEATHERWOOD LANE
LAND O LAKES, FL 346394566 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SCHALLEN, BETTE
Address: 29344 CADDYSHACK LANE
City-St-Zip: SAN ANTONIO, FL 33576

Title: VD () Delete
Name: MOSES, JO ANNE
Address: 22020 HEATHERWOOD LANE
City-St-Zip: LAND O LAKES, FL 34639

Title: SD () Delete
Name: MARTINEZ, MARY
Address: 10701 STALLGATE DR
City-St-Zip: TAMPA, FL 33624

Title: TD () Delete
Name: MOSES, JOANNE
Address: 22020 HEATHERWOOD LANE
City-St-Zip: LAND O LAKES, FL 34639

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: SCHALLEN, BETTE
Address: 29344 CADDYSHACK LANE
City-St-Zip: SAN ANTONIO, FL 33576

Title: TD (X) Change () Addition
Name: MOSES, JO ANNE
Address: 22020 HEATHERWOOD LANE
City-St-Zip: LAND O LAKES, FL 34639

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD () Change (X) Addition
Name: GLENN, KATHY
Address: 19568 DEER LAKE ROAD
City-St-Zip: LUTZ, FL 33548

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JO ANNE MOSES

TD

04/23/2006

Electronic Signature of Signing Officer or Director

Date