

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 27, 2008  
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: DC ( ) Delete  
Name: SCHALLEN, BETTE  
Address: 29344 CADDYSHACK LANE  
City-St-Zip: SAN ANTONIO, FL 33576

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

04/27/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date