


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90155 040 ****61.25

DOCUMENT # N16413	
1. Entity Name PALM BAY SERTOMA, INC.	

Principal Place of Business 1536 RAINSVILLE STREET PALM BAY FL 32909	Mailing Address 1536 RAINSVILLE STREET PALM BAY FL 32909
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2. Principal Place of Business P.O. Box 500155	3. Mailing Address P.O. Box 500155
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State malabara, FL	City & State malabara, FL
Zip 32950	Country Brevard
Zip 32950	Country Brevard

1st MOORE **CR2E037 (10/05)**

4. FEI Number 59-2635661 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

DAY, DANIEL A
1536 RAINSVILLE STREET
PALM BAY FL 32909

7. Name and Address of New Registered Agent

Name John Coates
Street Address (P.O. Box Number is Not Acceptable) 1271 SALINA ST SE
City Palm Bay **FL** **Zip Code** 32909

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JOHN COATES John Coates 4-26-06
(NOTE: Registered Agent signature required when reinstating) **DATE**

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME DAY, DANIEL A STREET ADDRESS 1536 RAINSVILLE RD CITY-ST-ZIP PALM BAY FL 32909 <input checked="" type="checkbox"/> Delete		TITLE President NAME John Coates STREET ADDRESS 1271 SALINA ST SE CITY-ST-ZIP Palm Bay, FL 32909 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME SCHURGARD, JESSICA STREET ADDRESS 1074 UNERHILL AVE S E CITY-ST-ZIP PALM BAY FL 32909 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME DAY, SHERRY STREET ADDRESS 1536 RAINSVILLE STREET CITY-ST-ZIP PALM BAY FL 32909 <input checked="" type="checkbox"/> Delete		TITLE TREASURER NAME Betty Coates STREET ADDRESS 1271 SALINA ST SE CITY-ST-ZIP Palm Bay, FL 32909 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN COATES John Coates 4-26-06 321-960-2238