


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90020 024 \*\*\*\*61.25

<b>DOCUMENT # N16977</b> 1. Entity Name <b>LIBERTY SERTOMA CLUB, INC.</b>					
Principal Place of Business <b>PENSACOLA CIVIC CENTER</b> <b>201 E GREGORY STR</b> <b>PENSACOLA, FL 32501 US</b>			Mailing Address <b>PO BOX 13042</b> <b>PENSACOLA, FL 32591 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2686907</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>FREDERICKSON, ROSEMARY</b> <b>800 NORTH 12TH AVENUE</b> <b>PENSACOLA, FL 32501</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3000 Langley Ave Suite 200</b> City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code <b>32504</b></span> </div>		
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 <u>Rosemary Frederickson</u> <u>Rosemary Frederickson</u> <u>2/5/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FIELD, CHARLOTTE</b> <b>2749 COTTON WOOD LANE</b> <b>PENSACOLA, FL 32514</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Linda Allen</b> <b>801 W. 49th Ave</b> <b>Pensacola, FL 32506</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BARBEE, ANNA</b> <b>307 VALENCIA STREET</b> <b>GULF BREEZE, FL 32561</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman of Board</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FREDERICKSON, ROSEMARY</b> <b>1959 FOULIS DRIVE</b> <b>PENSACOLA, FL 32503</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KASE, KELLI</b> <b>226 S. PALAFOX, STE 300</b> <b>GULF BREEZE, FL 32561</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CAVALIER, JULIA</b> <b>3115 BRITTANY TERRACE</b> <b>PENSACOLA, FL 32504</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FIELDER, MICHELE</b> <b>PO BOX 12790</b> <b>PENSACOLA, FL 32575</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Teresa Shimek</b> <b>423 N. Baylen St</b> <b>Pensacola, FL 32501</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: <u>Rosemary Frederickson</u> <u>Rosemary Frederickson</u> <u>2/5/07</u> <u>850-478-8220</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					