

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18808 (8)

1. Corporation Name

ST. PETERSBURG LA SERTOMA CLUB, INC.



Principal Place of Business

Mailing Address

6400 18TH AVE. N.
ST. PETERSBURG FL 33710

6400 18TH AVE. N.
ST. PETERSBURG FL 33710

3. Date Incorporated or Qualified
01/20/1987

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21 13570 Lake Point Dr So

26 13570 Lake Point Dr So

4. FEI Number

59-2848282

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Clearwater FL 34622 2289

28 Clearwater FL 34622 2289

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34622 2289

25 Pinellas

29 34622 2289

30 Pinellas

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUBER, IRENE
6400 18TH AVE. N.
ST. PETERSBURG FL 33710

81 Name Ann Heck

82 Street Address (P.O. Box Number is Not Acceptable)
13570 Lake Point Dr So

83

84 City Clearwater

FL

85 Zip Code
34622 2289

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

Ann Heck

Ann Heck

(NOTE: Registered Agent Signature required when reinstating)

2-1-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KEMP, JUNE
STREET ADDRESS 13980 LAKE POINT DR.
CITY-ST-ZIP CLEARWATER FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D
NAME HECK, ANN
STREET ADDRESS 8819 GLEN LAKE BLVD.
CITY-ST-ZIP ST. PETERSBURG FL

21 TITLE T
22 NAME
23 STREET ADDRESS 13570 LAKE POINT DR SO
24 CITY-ST-ZIP CLEARWATER FL 34622 2289

TITLE D
NAME HUBER, IRENE
STREET ADDRESS 6400 18 AVENUE NORTH
CITY-ST-ZIP ST. PETE FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Ann Heck

Ann Heck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96

DATE

813 571 117V

Daytime Phone #

CR2E037 (12/95)