FILE NOW: FILING FEE IS \$61.25

Mailing Address

13570 LAKE PT DR SO

CLEARWATER FL 34822-2289

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18808

Corporation Name

Principal Place of Business

13570 LAKE PT DR SO CLEARWATER FL 34622-2289

ST. PETERSBURG LA SERTOMA CLUB, INC.

US	33762	US	33762				18LI BIBII BIBII BI	 	
Principal Place of Business 2a. Mailing Address 21					<u>-</u>	3. Date Incorporated or Qualifed 01/20/1987.			
Suite, Apt	i. #, etc.	Suite, Apt	. #, etc.			4. FEI Number 59-2848282		Applied For Not Applicable	
City & State City & State 28						5. Certificate of Status Desired \$8.75 Additional Fee Required			
Zip	Country 25	Zip	3	Country		6. Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees	
<u></u>	9. Name and Address of Curre	nt Registered Age	nt			10. Name and Address of New Regist	ered Agent		
				81	Name				
HECK, ANN 13570 LAKE PT DR SO					Street A	ddress (P.O. Box Number is Not Acceptable)			
CLEARWATER FL 34622 33762				83					
				84	City		FL 85	Zip Code	
12.	Signature, typed or printed name of registered ag- OFFICERS A	ent and title if applicable. ND DIRECTORS	(NOTE: R	13.	t signature rec	uired when reinstating) DA ADDITIONS/CHANGES TO OFFICER		CTORS IN 12	
			DELETE	+	— Т	ADDITIONS/CHANGES TO OFFICER			
TITLE	D	L-] DECE IE	1.1 TITLE]				
NAME	KEMP, JUNE				1000500			•	
STREET ADDRESS				1.3 STREET					
CITY-ST-ZIP	CLEARWATER FL 33762		DELETE	1.4 CITY-S 2.1 TITLE	I-ZIP		[7] Cha	inge Additi	
TITLE NAME	HECK, ANN	. .		2.2 NAME				- —	
STREET ADDRESS				2.3 STREET	ADDRESS		- range - 1, 1, 1		
CITY-ST-ZIP	CLEARWATER FL 33762			2. 4 CITY-5					
TITLE	D	T.	DELETE	3.1 TITLE			[] Cha	nge	
NAME	HUBER, IRENE			3.2 NAME	[
STREET ADORES:	OT NO	IOR BLDG		3.3 STREE	ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33709			3.4. C/TY-5	T-ZIP				
TITLE] DELETE	4.1 TITLE	ļ		☐ Cha	inge 🗌 Addit	
NAME				4. 2 NAME	- 1				
STREET ADDRESS	sĺ				ADDRESS				
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TITLE		Į_] DELETE	5.1 TITLE 5.2 NAME	1	•	[] Cna	ange ∐ Audit	
NAME					TADDRESS				
STREET ADDRESS	el			■ 5.3 STREE	ADDRESS				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

61 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

ASILEMATURE REQUIRED ANN HECK

DELETE

3-2-94

727 511112N

Change

Addition

CR2E037 (11/98)

FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90090 028 ****61.25