

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90001 023 ****70.00

DOCUMENT # N18808

1. Entity Name
ST. PETERSBURG LA SERTOMA CLUB, INC.



Principal Place of Business
~~13570 LAKE PT DR SO~~
~~CLEARWATER, FL 33762~~ US
4904 38th WAY SO - 313 F ST. PETE 33711

Mailing Address
~~13570 LAKE PT DR SO~~
~~CLEARWATER, FL 33762~~ US

44050578



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

07132004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2848282
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~HECK, ANN~~
~~13570 LAKE PT DR SO~~
~~CLEARWATER, FL 33762~~
GEORGETTA MEYER
4904 38th WAY SO
ST. PETE - FL 33711
APT 313 F

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEMP, JUNE	
STREET ADDRESS	13980 LAKE POINT DR	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HECK, ANN	
STREET ADDRESS	13570 LAKE PT DR SO	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUBER, IRENE	
STREET ADDRESS	5705 80 ST NO #216 HAROBOR BLDG	
CITY-ST-ZIP	ST. PETERSBURG, FL 33709	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGETTA MEYER	
STREET ADDRESS	4904 38th WAY SO. 313 F	
CITY-ST-ZIP	ST. PETERSBURG - 33711	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRIAM E GOING	
STREET ADDRESS	8465 17th ST. NO	
CITY-ST-ZIP	ST. PETE - 33702	
TITLE	CHAIRMAN OF BOARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUISE BOBMAN	
STREET ADDRESS	2526 63 TERR N.	
CITY-ST-ZIP	ST. PETE - 33702	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: Georgetta Meyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____