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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24653

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FILED May 15 1997 8:00am Secretary of State

1. Corporation N	Name	o (O)		İ		
YBOR CI	ITY SERTOMA CLUB, INC.			I IDDAMARK DAR DIBAH BIBIK BINDI BIN	18 14N 868N 818N 818N 818N 18	EIRAI BLBII IERI
Principal Place o	of Runiness	Mailing Address				
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1306 ROUND LAKI TAMPA FL 33624	E CT	4306 ROUND LAKE CT TAMPA FL 33624-5311		Ì	,	
US		US		3. Date Incorporated or Qualified	3a. Date of Last	Donort
				02/03/1988	04/25/19	996
2. Principal Plac		2a. Mailing Address	2071	4. FEI Number		pplied For
Suite, Apt. #.		26 P.O. /3 ox Suite, Apt. #, etc.	5974	59-2353921		lot Applicable
Soile, Apr. #,	etc.	27 Suite, Apt. #, etc.		5. Certificate of Status Desired	, , , , , , , , , , , , , , , , , , , ,	Additional Required
City & State	9 3	City & State)	6. Election Campaign Financing		May Be
13 Lutz		28 Y DOY CITY	<u> </u>	Trust Fund Contribution		to Fees
335°	Country 25	29 23 3675	Country 30	This corporation has liability for Florida Statutes	or Intangible tax under	s. 199.032,
<u> </u>	9. Name and Address of Current		301	10. Name and Address of New F		
			81 Name			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	wood, tee		82 Street A	Address (P.O. Box Number is Not Accept	able)	
221 LANDING DR						
LUTZ FL 3	3549		83			
			84 City		85 Zir	Code
					FL "	
11 Description	the provisions of Continue 517 0502	and 617 1509 Florido Pastudo	o the ober a person	corporation nubmits this statement for the	numana of changing	ite togistared
11. Pursuant to office or reg	the provisions of Sections 617 0502 gistered agent, or both, in the State of	and 617.1508, Florida Statute of Florida, Such change was a	es, the above-named outhorized by the corp	corporation submits this statement for the oration's board of directors. I hereby acc	purpose of changing ept the appointment a	its registered s registered
	the provisions of Sections 617 0502 gistered agent, or both, in the State of familiar with, and accept the obligations.	and 617.1508, Florida Statute of Florida. Such change was a tions of, Section 617.0503, Flo	es, the above-named outhorized by the corporate Statutes.	corporation submits this statement for the oration's board of directors. I hereby acc	purpose of changing ept the appointment a	its registered s registered
SIGNATURE	the provisions of Sections 617,0502 gistered agent, or both, in the State of familiar with, and accept the obligations of the obligation of the state of the obligation of the state of the		es, the above-named outhorized by the corporate Statutes. Registered Agent signature		purpose of changing ept the appointment a	its registered s registered
SIGNATURE Signature	griative, typed or printed name of registered agon	it and title if applicable. (NOTE	: Registered Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTO	PRS IN 12
SIGNATURE SIGNATURE	griature, typed or printed name of registered agen OFFICERS AND D	it and title if applicable. (NOTE	: Registered Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTO	PRS IN 12
SIGNATURE SIGNATURE 12. TITLE NAME	grature, typed or printed name of registered agen OFFICERS AND D SCAGLIONE, MARK	it and title if applicable. (NOTE	: Registered Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTO	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	grature, typed or printed name of registered agen OFFICERS AND D SCAGLIONE, MARK 5458 N. RIVERSHORE DR.	it and title if applicable. (NOTE	: Registered Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTO	PRS IN 12
SIGNATURE OFFICERS AND D SCAGLIONE, MARK 5458 N. RIVERSHORE DR. TAMPA FL	t and tile if applicable. (NOTE) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	required when reinstating)	DATE FICERS AND DIRECTO Change 7 \$363 618 - 28(4	PRS IN 12 Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-7IP TITLE	OFFICERS AND D SCAGLIONE, MARK 5458 N. RIVERSHORE DR. TAMPA FL	it and title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	required when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTO	PRS IN 12 Addition
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4. I do 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; the I am an officer or director of the corporation or the receiver or in side empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block if it changed, or on appeal with an address.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME & SIGNING OFFICER OR DIRECTOR

28/97 813-933-15 Date Blas Daytime Phone