

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27334

FILED
Mar 16, 2005
Secretary of State

Entity Name: SERTOMA CLUB OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

P.O. BOX 804
ST AUGUSTINE, FL 32085

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 804
ST AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 59-2424633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOCHENEK, RONALD J
1252 WILD TURKEY COURT
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GENOVAR, PHILIP
Address: 1715 OLD MOULTRIE RD
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D () Delete
Name: DENGLER, HELEN
Address: 724 LAKE GENEVA ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D () Delete
Name: STINSON, RUTH
Address: 7877 US 1 SOUTH
City-St-Zip: ST AUGUSTINE, FL 32086

Title: P () Delete
Name: NOLAN, MELBA
Address: 2064 OLD TYME AVE
City-St-Zip: ST AUGUSTINE, FL 32084

Title: S () Delete
Name: HARKNESS, ANDREA
Address: 2064 OLD TYME AVE
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D () Delete
Name: VOLZ, DARRELL
Address: 1499 SAN LUCIE COURT
City-St-Zip: ST AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELBA NOLAN

P

03/16/2005

Electronic Signature of Signing Officer or Director

Date