

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27334

FILED  
Feb 05, 2008  
Secretary of State

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

## Current Principal Place of Business:

2064 OLD TYME ROAD  
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: T ( ) Delete  
Name: WELLS, MARK  
Address: 220 ORCHIS RD  
City-St-Zip: SAINT AUGUSTINE, FL 32086

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

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

Title: D ( ) Delete  
Name: SENECA, WILLIAM  
Address: 270 VENETIAN DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32095

Title: D ( ) Delete  
Name: VOLZ, DARRELL  
Address: 1499 SAN LUCIE COURT  
City-St-Zip: ST AUGUSTINE, FL 32084

## 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 exemption stated in Chapter 119, 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

S

02/05/2008

Electronic Signature of Signing Officer or Director

Date