SE!	COND NO	TICE: COR	PORATION	WILL BE I	DISSOLVE	D ON OR AI	FTER AUG	SUST	9, 1995	 <u>5</u> .					
	NO	ONPROF RPORATI	IT.			FLORIDA DEPA	ARTMENT C	F STAT		5)					
	ANNUAL REPORT						Sandra B. Mortham Secretary of State								
							CORPORA	CORPORATIONS							
DOCUMENT # N39758 (0)															
	BICENTENNIAL SERTOMA CLUB OF LARGO, INC.														
l .	•	e of Business	}		Mailing A						DO NO	T WRITE IN T	HIS SPACE		
	09 PEGASUS LEARWATER IS				409 PEGASUS AV S CLEARWATER FL 34625 US					3. Date Inc. 08/31/	orporated or Qu		Date of Las 05/01/19	•	1
-					90					4. FEI Num	ber		00/01/10	Appl	lied For
2. 21	2. Principal Place of Business				2a. Mailing Address						e of Status Des	ired [1	75 Ad	Applicable Iditional
22	Suite, Apt.	Suite, Apt. #, etc.			Suite				1	Campaign Finan		\$5	ее Requ		
	City & State	City & State			City 8				·· ·	nd Contribution with IRS 501(c)(3)	Ac	ded to		
23	Zip				28			try			npt Status oration has liab	lity for Intang		\$61.2	25
24		9. Name	25 and Address	of Current F	29 legistered	Agent	30			Florida S	tatutes nd Address of	Yes 💽	No		
	HODGES,		_				Na Na					0100 rigo			
	409 PEGASUS AV S CLEARWATER FL 34625						L	3 Str	eet Addres	ss (P.O. Box N	umber is Not Ad	cceptable)			
	ULEANTIA	HIER FL 04	623				L	14 City	.,		· · · · · · · · · · · · · · · · · · ·		l ne l	7: 0:	
11	I. Pursuant t	to the provisi	ons of Sections	617.0502 ar	d 617.1508				tion submits thi	s statement for	the numose	FL 85 of changing in	Zip Co		
	familiar wit	red agent, or ith, and accep	both, in the Sta of the obligation	ite of Florida. is of, Section	Such chang 617.0503,	i, Florida Statute ge was authorize Florida Statutes.	ed by the co	rporatio	m's board	of directors. 11	hereby accept to	he appointme	ent as register	red age	nt. I am
12		Signature, typed	or printed name of reg	gistered agent and		. (NO)		gent signal	ture required w	when reinstating)			ATE		
TIT	TLE .	D		OLINO ALID L	INEUTUNU		13.			AUDITION	IS/CHANGES T	O OFFICERS	AND DIREC		N 12 Addition
NAI STE	reet address	NICHOLS, JANET 7111 142ND AV N #26					1.2 NAM 1.3 STRE	e Et addre	ss						
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NAME STREET ADDRESS						62 NAMI	: Et addres					1-4	الملأ		
CITY-S1-ZIP 14. I do hereby certify that the information supplied with this filling is voluntarily turnished certify that the information indicated on this angual report or supplemental control or							6.4 C(TY)	ST-7iP					9	<u> </u>	
	oath; that I	I am an office	er or director of	the corporati	oper or sup	pierrieritai arinu Seiver or trustoo	en report is t	es not o rue and I to exe	qualify for I accurate cute this r	the exemption and that my sign report as require	stated in Sectio gnature shall ha ed by Chapter 6	n 119.07(3)(k ve the same l 317, Florida S), Florida Stat legal effect as tatutes; and t	lutes, I t s if mad that my	further le under name
e.	uppedio iii	URE: 0	7 7 6	nged, or on a	n attachmer	nt with an addre	. SS.		_						
31	IANIDI	UKE: Y		D TYPED OR PRI	V A NTED NAME O	F SIGNING OFFICER	10 dge		Pre.	J	3 0 AP R9	6 (8	77)461 Daytime Phor		124