FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:10

DOCUMENT # N39939 (6)

1. Corporation Name
TAMPA POLICE SERTOMA CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
PO BOX 172 792 TAMPA FL 33672-0792	PO BOX 172 792 TAMPA FL 33672-0792

3. Date Incorporated or Qualified: 09/13/1990
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2910925 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

KEITH, JERRY
17904 B LAKE CARLTON DR.
LUTZ FL 33549

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number Is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SAUNDERS, R GARY	1.2 NAME	
STREET ADDRESS	1710 TAMPA ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	1.4 CITY-ST-ZIP	
TITLE	~~VP~~ X	2.1 TITLE	William C."Billy" ☐ Change ☒ Addition
NAME	~~TERWILLIGER, BERT~~	2.2 NAME	Fairbanks
STREET ADDRESS	1710 N. TAMPA ST.	2.3 STREET ADDRESS	President
CITY-ST-ZIP	TAMPA FL 33602	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SAUNDERS, GARY JR.	3.2 NAME	
STREET ADDRESS	2305 SOUTHERN LITES AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	D ☒ Change ☐ Addition
NAME	KEITH, JERRY	4.2 NAME	
STREET ADDRESS	17904 B LAKE CARLTON DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Vice President ☒ Change ☐ Addition
NAME	STIVER, LUCILE	5.2 NAME	
STREET ADDRESS	17904 B. LAKE CARLTON DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HATTLE, GREG	6.2 NAME	
STREET ADDRESS	3106 EKONOMOU CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Legal Counsel 24 Jan 95 813/831-4379
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0064980