## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N39939

(6)

TAMPA POLICE SERTOMA CLUB, INC.

Principal Place of Business Mailing Address					0 1900113#1 000 11570 \$0170 10100 11060 1	ANT MINIT MINIS NINII DINII ASMIT MINIS MINIS INNI
P.O. BOX 173384 P.O. BOX 173384 TAMPA FL 33672-1384 TAMPA FL 33672-1384						
					3. Date Incorporated or Qualified 09/13/1990	3a. Date of Last Report 10/28/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2910925	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State		O Floring Consoling Floring	Fee Required	
23		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation has liability for i		
24	25	29	30			Yes No
	9. Name and Address of Curre	nt Registered Agent		- I	10. Name and Address of New Re	Jistered Agent
			8	1 Name		
KEITH, JERRY 1702 OVERPAR DR				2 Street Add	dress (P.O. Box Number is Not Acceptab	le)
	FL 33612		8	3		
IVIALV	FL 33012					
			8	4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508, Florida Stati	utes, the abo	ve-named co	poration submits this statement for the p	urpose of changing its registered
agent. I a	am familiar with, and accept the oblig	ations of, Section 617.0503, F	Florida Statut	by the corpora es.	ation's board of directors. I hereby accept	t the appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered ag	ent and title if applicable. (NO ID DIRECTORS	TE: Registered A	gent signature requ	uired when reinstating)	DATE
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME			1.2 NAME		•	
STREET ADDRESS	1710 TAMPA ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33602 1.40		1.4 CITY	-ST~ZIP		
TITLE	D	DELETE 2.1 TI				Change Addition
NAME	FAIRBANKS, WILLIAM C. "BI		2.2 NAM	E		
STREET ADDRESS	12212 GARDEN LAKE CIRCLI	<b>5</b>	2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	ODESSA FL 33556	DELETE	2.4 CITY	<del></del>		D ALLES
TITLE	SAUNDERS, GARY JR.	□ DETEIL	3.1 TITLE	- 1		Change Addition
STREET ADDRESS	2305 SOUTHERN LITES AVE.		3.2 NAME	ET ADDRESS		
CITY - ST - ZIP	LUTZ FL 33549		3.4. CITY			
TITLE	P	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	KEITH, JERRY		4. 2 NAM	E		_ , _
STREET ADDRESS	1702 OVERPAR DR			ET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33612		4.4 CITY-	-ST-ZIP	<u>.</u>	
TITLE	S	☐ DELETE	5.1 TITLE			Change Addition
NAME	STIVER, LUCILE		5.2 NAME	<u> </u>	ı	
STREET ADDRESS	1702 OVERPAR DR			et address		
CITY-ST-ZIP	TAMPA FL 33612	[ prieze	5.4 CITY	·····	***************************************	
TITLE	D CADOLA DENINIO	☐ DELETE	6.1 TITLE			Change Addition
NAME STREET ADDRESS	GARCIA, DENNIS 3005 W. ARCH ST.		6.2 NAME	ET ADDRESS		

6.4 CITY - ST - ZIP

SIGNATURE:

TAMPA FL 33607

14. 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; 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. 15 FEB 97 813 932-7778

**FILED** 

Feb 25 1997 8:00am

Secretary of State