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FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39939** (6)

1. Corporation Name

TAMPA POLICE SERTOMA CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 173384
TAMPA FL 33672-1384

P.O. BOX 173384
TAMPA FL 33672-1384

3. Date Incorporated or Qualified

09/13/1990

4. FEI Number

59-2910925

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KEITH, JERRY
1702 OVERPAR DR
TAMPA FL 33612**

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAZ, SAM	
STREET ADDRESS	1710 TAMPA ST	
CITY-ST-ZIP	TAMPA FL 33602	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FAIRBANKS, WILLIAM C. "BI"	
STREET ADDRESS	12212 GARDEN LAKE CIRCLE	
CITY-ST-ZIP	ODESSA FL 33556	

TITLE	V	<input type="checkbox"/> DELETE
NAME	SAUNDERS, GARY JR.	
STREET ADDRESS	2305 SOUTHERN LITES AVE.	
CITY-ST-ZIP	LUTZ FL 33549	

TITLE	P	<input type="checkbox"/> DELETE
NAME	KEITH, JERRY	
STREET ADDRESS	1702 OVERPAR DR	
CITY-ST-ZIP	TAMPA FL 33612	

TITLE	S	<input type="checkbox"/> DELETE
NAME	STIVER, LUCILE	
STREET ADDRESS	1702 OVERPAR DR	
CITY-ST-ZIP	TAMPA FL 33612	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, DENNIS	
STREET ADDRESS	3005 W. ARCH ST.	
CITY-ST-ZIP	TAMPA FL 33607	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SUZAN moore	
1.3 STREET ADDRESS	16510 OFFENHAUR RD	
1.4 CITY-ST-ZIP	ODESSA, FL 33556	

2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Crichton S. McKay	
2.3 STREET ADDRESS	5200 62nd AVE N.	
2.4 CITY-ST-ZIP	Pinellas P	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Robert Moore	
6.3 STREET ADDRESS	16510 Offenhaur Rd	
6.4 CITY-ST-ZIP	ODESSA FL 33556	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Keith 27 Apr 98 3139327778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printed Name & Number

CP2E037 (10/97)