

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N47679 (8)
1. Corporation Name
THE SERTOMA CLUB OF OCALA, INC.

Principal Place of Business Mailing Address

P.O. BOX 5314 36 Hemlock Circle P.O. BOX 5314 36 Hemlock Circle
OCALA FL 34478 Ocala, FL Ocala, FL



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/04/1992 3a. Date of Last Report 07/23/1996

4. FEI Number NOT APPLICABLE 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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
21 36 Hemlock Circle 26 36 Hemlock Circle
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Ocala FL 28 Ocala
24 Zip 34472 25 Country Marion 29 Zip 34472 30 Country Marion

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, EDWARD E.
501 NE 48 AVE
OCALA FL 34470

81 Name FILLMORE, ANDREW
82 Street Address (P.O. Box Number is Not Acceptable) 36 HEMLOCK CIRCLE
83
84 City OCALA FL 85 Zip Code 34472

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 Andrew Fillmore DATE 11-30-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VD	MOORE, EDWARD E.	501 NE 48 AVE.	OCALA FL	<input type="checkbox"/>
PD	FILMORE, ANDREW	3433 NE 10TH ST	OCALA FL	<input type="checkbox"/>
SD	JOHNSON, EDGAR	5001 SE 18TH ST.	OCALA FL	<input checked="" type="checkbox"/>
TD	HAVEL, BILL	5511 SE 2ND ST.	OCALA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
TREASURER	D. SHARON	36 HEMLOCK CIRCLE	OCALA, FL 34472	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	FILMORE, ANDREW	36 HEMLOCK CIRCLE	OCALA FL 34472	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	SWINSON VIOLET	PO Box 5314 N/A	OCALA, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	JOHNSON, EDGAR	5001 SE 18 ST	OCALA, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

CR2E037 (4/97)