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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005320 (7)**

1. Corporation Name

NATURE COAST SERTOMA CLUB, INC.

Principal Place of Business

PO BOX 2077
CRYSTAL RIVER FL 34423
US

Mailing Address

PO BOX 2077
CRYSTAL RIVER FL 34423-2077
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
11/23/1993

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3195319

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NOSAL-LLOYD, MARIAN
4049 N SUNDANCE PT.
CRYSTAL RIVER FL 34428

10. Name and Address of New Registered Agent

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** ☐ DELETE
NAME **FLEMING, DORIS**
STREET ADDRESS **11990 S. WILLIAMS ST. #6**
CITY-ST-ZIP **DUNNELLON FL 34432**

TITLE **S** ☐ DELETE
NAME **GARRETT, LINDA**
STREET ADDRESS **3898 N. EAGLE PT.**
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

TITLE **VP** ☒ DELETE
NAME **BRUMFIELD, EVA**
STREET ADDRESS **21920 RAINBOW LAKES BLVD.**
CITY-ST-ZIP **DUNNELLON FL 34431**

TITLE **D** ☒ DELETE
NAME **KRAPF, MIRIAM**
STREET ADDRESS **105 N. HENDRICK AVE.**
CITY-ST-ZIP **LECANTO FL 34481**

TITLE **C** ☐ DELETE
NAME **CLAFFEY, KATHY**
STREET ADDRESS **11990 S. WILLIAMS ST. #6**
CITY-ST-ZIP **DUNNELLON FL 34432**

TITLE **D** ☐ DELETE
NAME **NOSAL-LLOYD, MARIAN**
STREET ADDRESS **4049 N. SUNDANCE PT.**
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **BROWNELL, DORIS**
1.3 STREET ADDRESS **PO BOX 1435**
1.4 CITY-ST-ZIP **Dunnellon, FL 34430-1435** **N/A**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **BASKIN, ROBIN**
3.3 STREET ADDRESS **5602 West State Street**
3.4 CITY-ST-ZIP **Homosassa, FL 34446**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **ZANE, ELLEN**
4.3 STREET ADDRESS **6715 North Deltona Blvd**
4.4 CITY-ST-ZIP **Citrus springs, FL 34434**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 604-4900

CR2E037 (9/96)