

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham,</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **N93000005320 (7)**

1. Corporation Name

**NATURE COAST SERTOMA CLUB, INC.**

Principal Place of Business

Mailing Address

PO BOX 2077  
CRYSTAL RIVER FL 34423  
US

PO BOX 2077  
CRYSTAL RIVER FL 34423  
US



3. Date Incorporated or Qualified

**11/23/1993**

4. FEI Number

**59-3195319**

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **BROWNELL, DORIS**  
STREET ADDRESS **P.O. BOX 1435**  
CITY-ST-ZIP **DUNNELLON FL**

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

TITLE **D** ☐ DELETE  
NAME **BASKIN, ROBIN**  
STREET ADDRESS **5602 WEST STATE ST**  
CITY-ST-ZIP **HOMOSASSA FL**

TITLE **D** ☐ DELETE  
NAME **ZANE, ELLEN**  
STREET ADDRESS **6715 NORTH DELTONA BLVD**  
CITY-ST-ZIP **CITRUS SPRINGS FL**

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**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **Doris Brownell**  
1.3 STREET ADDRESS **PO Box 1435**  
1.4 CITY-ST-ZIP **Dunnellon, FL 34430**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **Linda Garrett**  
2.3 STREET ADDRESS **3713 N. Suwannee Pt**  
2.4 CITY-ST-ZIP **Crystal River, FL 34428**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **Robin Baskin**  
3.3 STREET ADDRESS **5602 W. State St.**  
3.4 CITY-ST-ZIP **Homosassa, FL 34446**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **Ellen Zane**  
4.3 STREET ADDRESS **6715 N. Deltona Blvd**  
4.4 CITY-ST-ZIP **Citrus Springs, FL 34434**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **Kathy Claffey**  
5.3 STREET ADDRESS **11990 S. Williams St #6**  
5.4 CITY-ST-ZIP **Dunnellon, FL 34432**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **Marian Nosal-Lloyd**  
6.3 STREET ADDRESS **4049 N Sundance Pt**  
6.4 CITY-ST-ZIP **Crystal River, FL 34428**

14. I 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.

SIGNATURE:

**Linda D Garrett** 795-1243

CR2E037 (10/97)