FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000005567 (0) DOCUMENT

FILED										
Feb 03	1998	8:00am								
Secre	etary o	of State								

CARROLLWOOD SERTOMA CLUB, INC.										
Principal Place of Business Mailing Address					1 180 JJ 102 DEN J		H 15111 11111 51			
2532 LAKE ELLEN DRIVE 2532 LAKE ELLEN DRIVE TAMPA PL 33618 TAMPA PL 33618					3. Date Incorporate 10/28/19		d			
					_ 1	 FEI Number 59-32846 	78			Applied For Not Applicable
Principal Place of Business 2a. Mailing Address		20150			5. Certificate of St		X	\$8.75	Additional	
21 /30/4 N. DALE MARIZY 26 /30/4 N. D Suite, Apt. #, etc.		TALE MAISTRY			6. Election Campa	ine Financian			Required	
22 53	31	27 53/				Trust Fund Con			\$5.00 Added t	May Be to Fees
City & State City & State		~,			7. Is this nonprofit	corporation a			on?	
23 TA.	MPA FC Country	28 TAMPA, F	Country	 	٠.	• This		Yes D		
24 336		<u>⊢</u> ¬ >>,,,,		SA	_ °	 This corporation Personal Proper 				ntangible No
	9. Name and Address of Current I	Registered Agent			10	0. Name and Add				
			81	Name	Rick	REEDE	-d			
REEDER			82	Street A	ddress ((P.O. Box Number	is Not Accepta	able)		
	V NEBRASKA AVE #104		A 00	30	02	EHRLICH	೭೦	SUITE	: 310	
LUIZM	-39540		83							
			84	City	AMPI	4		FL		Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the above	-named o	corporati	on submits this sta	tement for the	purpose of	changing i	its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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		9/98		•						į
	Signature, Apped or printed name of registered agent a		Registered Ager	nt signature r	equired whe			DATE		
12.	OFFICERS AND I		13.			ADDITIONS/CHA	NGES TO OFF	ICERS AND		
TITLE	GENTILE, ANNA M	DIRECTOR	1.1 TITLE						LI Change	☐ Addition
		1.2 NAME								
STREET ADDRESS CITY-ST-ZIP	TANADA DY									ľ
TITLE	PD PRESIDENT DI	DELETE	1.4 CITY-ST 2.1 TITLE	I-ZIP					☐ Change	Addition
NAME	BEEDER RICK		2.2 NAME						ondinge	
STREET ADDRESS	and the minute of the particular form		2.3 STREET ADDRESS							
CITY - ST - ZIP	TAMPA FL 336/9	,	2. 4 CITY - S	1						
TITLE	SD	DELETE	3.1 TITLE						Change	☐ Addition
NAME	MILLAR, CONNIE		3.2 NAME							ľ
STREET ADDRESS	2532 LAKE ELLEN DRIVE		3.3 STREET A	ADDRESS						,
CITY-ST-ZIP	TAMPA FL	<u> </u>	3.4. CITY - ST	r-zip						
TITLE	TD PROVED PULL	DELETE	4.1 TITLE	1				ļ	Change	Addition
NAME	BECKER, BILL		4. 2 NAME							
STREET ADDRESS	2532 Lake Ellen Drive Tampa Fl		4.3 STREET A							
CITY-ST-ZIP		DELETE	4.4 CITY-ST	- ZIP						- Claures
title Name	SECRETARY DIRECTOR	☐ NETE1E	5.1 TITLE					ŀ	Change	☐ Addition
	MARY JANE JOHNSON	5 3/	5.2 NAME	IDDDGGG						
STREET ADDRESS CITY-ST-ZIP	TAMPA, FL 33618		5.3 STREET A	1						İ
TITLE	TRANCE /DI	LECTUR DELETE	5.4 CITY-ST- 6.1 TITLE	- 217					Change	Addition
NAME	SHARON HENZY	- <u> </u>	6.2 NAME						თიიფი	
STREET ADDRESS	13014 NORLEMARRY STES	_{53/}	6.3 STREET A	DDRESS						
CITY-ST-ZIP	TAMPA FL 33618		6.4 CITY - ST-							1
14. hereby o	certify that the information supplied with	this filing does not qualify for t	he exempti	on stated	in Section	on 119.07(3)(i), Flo	rida Statutes.	I further cert	ify 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.