

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90060 016 \*\*\*\*70.00

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1. Corporation Name

CARROLLWOOD SERTOMA CLUB, INC.

Principal Place of Business

13014 N DALE MABRY  
531  
TAMPA FL 33618  
US

Mailing Address

13014 N DALE MABRY  
531  
TAMPA FL 33618  
US

101958 90060 516 8 \*



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/28/1996

4. FEI Number

59-3284678

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

9. Name and Address of Current Registered Agent

REEDER, RICK  
3802 EHRlich RD, STE 310  
TAMPA FL 33624

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 CD  
NAME GENTILE, ANNA M  
STREET ADDRESS 13014 M DALE ABRU . 531  
CITY-ST-ZIP TAMPA FL 33618 ☒ DELETE

TITLE PD  
NAME REEDER, RICK  
STREET ADDRESS 13014 N DALE MABRY, 531  
CITY-ST-ZIP TAMPA FL 33618 ☐ DELETE

TITLE SD  
NAME JOHNSON, MARY JANE  
STREET ADDRESS 13014 N DALE MABRY #531  
CITY-ST-ZIP TAMPA FL 33618 ☒ DELETE

TITLE TD  
NAME HENRY, SHARON  
STREET ADDRESS 13014 N DALE MABRY STE 531  
CITY-ST-ZIP TAMPA FL 33618 ☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

3.1 TITLE PD ☐ Change ☒ Addition  
3.2 NAME DICK NIELSEN  
3.3 STREET ADDRESS 13014 N. DALE MABRY #531  
3.4 CITY-ST-ZIP TAMPA, FL 33618

4.1 TITLE SD ☐ Change ☒ Addition  
4.2 NAME REG DICKEY  
4.3 STREET ADDRESS 13014 N. DALE MABRY #531  
4.4 CITY-ST-ZIP TAMPA, FL 33618

5.1 TITLE TD ☐ Change ☒ Addition  
5.2 NAME EILEEN LASH  
5.3 STREET ADDRESS 13014 N. DALE MABRY #531  
5.4 CITY-ST-ZIP TAMPA, FL 33618

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED REEDER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

(813) 908-5310

CR2E037 (1/198)