

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000005567

**FILED**  
**Apr 30, 2004**  
**Secretary of State****Entity Name:** CARROLLWOOD SERTOMA CLUB, INC.**Current Principal Place of Business:**13014 N DALE MABRY  
PMB 531  
TAMPA, FL 33618 US**New Principal Place of Business:****Current Mailing Address:**13014 N DALE MABRY  
PMB 531  
TAMPA, FL 33618 US**New Mailing Address:****FEI Number:** 59-3284678**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**REEDER, RICK  
3339 W BEARSS AVE  
TAMPA, FL 33618 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** SD ( ) Delete  
**Name:** MILLAR, CONNIE  
**Address:** 13014 N. DALE MABRY #531  
**City-St-Zip:** TAMPA, FL 33618**Title:** PD ( ) Delete  
**Name:** AHERN, ROBERT  
**Address:** 13014 N DALEMARBY #531  
**City-St-Zip:** TAMPA, FL 33618**Title:** TD ( ) Delete  
**Name:** JOHNSON, MARY JANE  
**Address:** 13014 N DALEMARBY #531  
**City-St-Zip:** TAMPA, FL 33618**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** PD (X) Change ( ) Addition  
**Name:** NIELSEN, DICK  
**Address:** 13014 N DALEMARBY #531  
**City-St-Zip:** TAMPA, FL 33618**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY JANE JOHNSON

TD

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date