

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N97000004712 (2)**

1. Corporation Name

WAHOO SERTOMA CLUB INC.

Principal Place of Business

Mailing Address

**3808 N. EAGLE POINT
CRYSTAL RIVER FL 34428**

**3808 N. EAGLE POINT
CRYSTAL RIVER FL 34428**

**PO Box 1365
Dunnellon, FL 34430**

2. Principal Place of Business

3713 N. Suwannee

2a. Mailing Address

PO Box 1365

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34430

34430

US

9. Name and Address of Current Registered Agent

**GARRETT, LINDA
3808 N. EAGLE POINT
CRYSTAL RIVER FL 34428**

**3713 N. Suwannee
P4**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

08/18/1997

4. FEI Number

59-3463607

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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	PD	<input type="checkbox"/> DELETE
NAME	GILROY, JIM	
STREET ADDRESS	3808 N. EAGLE POINT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BROWNELL, JACK H	
STREET ADDRESS	P. O. BOX 1435	
CITY-ST-ZIP	DUNNELLON FL 34430-1435	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GARRETT, LINDA	
STREET ADDRESS	3808 N. EAGLE POINT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	YOUNG, RANDY	
STREET ADDRESS	P. O. BOX 1012	
CITY-ST-ZIP	DUNNELLON FL 34430-1012	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3713 N. Suwannee P4
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3713 N. Suwannee P4
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Linda D. Garrett** **Linda D. Garrett** **352** **795-1243**

CR2E037 (10/97)