FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000004712

WAHOO SERTOMA CLUB INC.

Principal Place of Business 3713 N SUWANNEE PT **CRYSTAL RIVER FL 34428**

2. Principal Place of Business

Mailing Address

2a. Mailing Address

POST OFFICE BOX 1365 **DUNNELLON FL 34430**



03-10-1999 90238 050 ****61.25



3. Date Incorporated or Qualifed

21		26		08/18/1997	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-3463607	Not Applicable
City & Stat	e	City & State		5. Certifcate of Status Desired	\$8.75 Additional
23		28		5. Contracte of Guida Boshoo	Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
24	25	29 3	0	Trust Fund Contribution	Added to Fees
	9. Name and Address of Current			10. Name and Address of New Registered	Agent
		3 22	81 Name	roy, LINDA	
GARRETT, LINDA			(3) 82 Street Address	ress P.O. Box Number is Not Acceptable	
GARRETT, LINDA 3898 N. EAGLE POINT CRYSTAL RIVER FL 34428			037/3	N SUWANNEEPI	
CRYSTAL RIVER FL 34428					
		ime, of in AM	84 City		85 Zip Code
		5 G 30	8		.
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		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GILROY, JIM		1.2 NAME		
STREET ADDRESS	3713 N. SUWANNEE PT		1.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL 34428		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROWNELL, JACK H		2.2 NAME		
STREET ADDRESS	P. O. BOX 1435		2.3 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL 34430-1435		2. 4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	1 . 10	Change ' Addition
NAME	GARRETT, LINDA		3.2 NAME	ilroy. LINDA	
STREET ADDRESS	3713 N SUWANNEE PT		3.3 STREET ADDRESS	· /	i
CITY-ST-ZIP	CRYSTAL RIVER FL 34428		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		Change Addition
NAME	YOUNG, RANDY		4.2 NAME		
STREET ADDRESS	P. O. BOX 1012		4.3 STREET ADDRESS		ł
CITY-ST-ZIP	DUNNELLON FL 34430-1012		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		ļ
STREET ADDRESS			6.3 STREET ADDRESS		İ
		-	84 CITY, ST. 7IP		

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.