

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000004712

1. Entity Name
WAHOO SERTOMA CLUB INC.



Principal Place of Business
**16667 S.W. 57TH STREET
OCALA, FL 34481 US**

Mailing Address
**P.O. BOX 1435
DUNNELLON, FL 34430 US**



01122008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3463607	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

**BROWNELL, DORIS L
16667 S.W. 57TH STREET
OCALA, FL 34481**

**DO NOT WRITE
IN THIS SPACE**

6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	CLAFFEY, KATHY
STREET ADDRESS	7960 SW 203RD CT
CITY-ST-ZIP	DUNNELLON, FL 34431

TITLE	SD
NAME	BROWNELL, DORIS
STREET ADDRESS	P.O. BOX 1435
CITY-ST-ZIP	DUNNELLON, FL 34430

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000786438
01/17/08-80040-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Doris L. Brownell
DORIS L. BROWNELL

1-15-08

Date

352-489-9929

Daytime Phone #