## **2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N97000004712

1. Entity Name



FILED Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90024 018 \*\*\*\*61.25

September   Sept	WAHOO	SERTOMA CLUB INC.			/			
Suite. Act. 4, etc.   Suite.	16667 S.W. 57TH STREET OCALA FL 34481		P.O. BOX 1435 Dunnellon Fl 34430		1 (28)()(4) 6) 2 (6)()	<b></b>	LII   A <b>I I</b> I I I I	IN 1981 JRS1
City & State  City & State  City & State  City & State  Country  Zip  Country  Signature  Street Address (PO. Box Number is Not Acceptable)  Street Address (PO. Box Number is Not Acceptable)  Repopulation of registered Agent  Name  Street Address (PO. Box Number is Not Acceptable)  Street Address (PO. Box Number is Not Acceptable)  Street Address (PO. Box Number is Not Acceptable)  FL Zip Code  City FL Zip Code  City FL Zip Code  The above named entity submits it is statement for the purpose of changing its registered office or registered agent, or both, nythe State of Florida. I am termitar with, and ache the obligations of registered agent.  Signature food or protections agent.  Signature food or protecti	2. Principal	Place of Business	3. Mailing Address					
EROWNELL, DORIS L 16867 S.W. 57TH STREET  COALA FL 34481  BROWNELL DORIS L 16867 S.W. 57TH STREET  COALA FL 34481  City  FL Zin Code  Sirvest Address (P.O. Box Number is Not Acceptable)  City  FL Zin Code  Sirvest Address (P.O. Box Number is Not Acceptable)  City  FL Zin Code  Sirvest Address (P.O. Box Number is Not Acceptable)  Sirvest Address (P.O. Box Number is Not Acceptable)  City  FL Zin Code  Sirvest Address (P.O. Box Number is Not Acceptable)	Suite, Apt. #, etc.		Suite, Apt. #, etc.			ECK HERE IF MAKING CH	IANGES	
20 Country Zip Country S. Certificate of Status Desired   \$8.75 a Aparticular Personal Country   \$1. Country   \$2. Country   \$2. Country   \$3. Certificate of Status Desired   \$8.75 a Aparticular Personal Country   \$3. Certificate of Status Desired   \$8.75 a Aparticular Personal Country   \$3. Certificate of Status Desired Agent   \$3. Certificate of Status Desired	City & State		City & State		4. FEI Number 59-3	Applied For Not Applied be Not Applied Not Applied be		
BROWNELL, DORIS L 16667 S.W. 57TH STREET OCALA FL 34481  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in, the State of Florida. I am familiar with, and ache obligations of registered agent.  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campai gn Financing Final Fund Continuation.  9. Election Campai gn Financing Final Fund Continuation.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ADDITIONS/	Zip	Country	Zip	Country	5. Certificate of Statu		<b>75</b> Add	itional
BROWNELL, DORIS L 19687 S.W. 57TH STREET  OCALA FL 34481  City  City  FL  Zin Code  City  FL  Zin Code  City  FL  Zin Code  City  City  FL  Zin Code  Make Check Payable to  Florida Department of State  Tit  City  City  City  Fl  City  City  Fl  Zin Code  Make Check Payable to  Florida Department of State  Tit  City  Ci		6. Name and Address of Current	Registered Agent		7. Name and Addres		•	-
SIGNATURE SUSSESSED AND AND STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE  SUBMER ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE  SUBMANAGE STREET ADDRESS CITY-ST-ZIP  TITLE  TO  MAHAR SILL  TITLE  MAHAR SILL  TITLE  MAHAR SILL  TITLE  MAHAR SIREET ADDRESS CITY-ST-ZIP  TITLE  MAHAR SIRET ADDRESS CITY-ST-ZIP  TITLE  MAHAR SIRET ADDRESS CITY-ST-ZIP  TITLE  MAHAR SIRET ADDRESS CITY-ST-ZIP  TITLE  MAHA	16667 S.	.W. 57TH STREET		Street Address	(P.O. Box Number is Not		Zip Code	)
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME			9. Election Camp	paign Financing	\$5.00 May Be			
TITLE BAKER, RUSTY BAKER, RUSTY BAKER, RUSTY P.O. BOX 3157 CITY-ST-2IP CD CLAFFEY, KATHY STREET ADDRESS CITY-ST-2IP Delete TITLE NAME STREET ADDRESS CITY-ST-2IP	10.	OFFICERS AND DI	RECTORS	I 11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECT	TORS IN	10
NAME STREET ADDRESS CITY-ST-ZIP DUNNELLON FL 34430  TITLE SD STREET ADDRESS CITY-ST-ZIP BROWNELL, DORIS NAME BROWNELL, DORIS P.O. BOX 1435 DUNNELLON FL 34430  TITLE TD NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADORESS	PD BAKER, RUSTY P.O. BOX 3157	*****	TITLE NAME STREET ADDRESS	7.557761767577777025			Addition
TITLE SD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  DUNNELLON FL 34430  TITLE TD Delete NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE TD Delete NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	CLAFFEY, KATHY P.O. BOX 2628	□ Delete	NAME - STREET ADDRESS			Change -	Addition }
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	SD BROWNELL, DORIS P.O. BOX 1435	☐ Delete	NAME STREET ADDRESS			Change	Addition
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NAME STREET ADDRESS CITY-SI-ZIP STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS			NAME Street address			Change	☐ Addition
12. Thereby certify that the information complied with this filing door not qualify for the examption stated in Continued 140 07/20/00 Florida Order and the three door not qualify for the examption stated in Continued 140 07/20/00 Florida Order and the state of the examption of the continued of	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition

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.