

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

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000006060

1. Entity Name
GULF SHORES SERTOMA, INC.



Principal Place of Business
**P.O. BOX 2276
LAND O LAKES, FL 34639**

Mailing Address
**P.O. BOX 2276
LAND O LAKES, FL 34639**

DO NOT WRITE IN THIS SPACE



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3526513

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TINKER, LISA
GULF SHORES SERTOMA
7017 PARK AVENUE
NEW PORT RICHEY, FL 34652**

**DO NOT WRITE
IN THIS SPACE**

8. 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

N/A

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
TONKIN, GINNA
7141 KAPP COURT
NEW PORT RICHEY, FL 34653**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MYERS, NENA
12230 CITATION RD
SPRING HILL, FL 34610**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
TINKER, LISA
7017 PARK AVENUE
NEW PORT RICHEY, FL 34652**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000042677
02/10/04-80034-013 70.00

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IN THIS SPACE**

12. 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 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:

Nena M. Myers
Treasurer

1/15/2004
Date

813-274-6007
Daytime Phone #