

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90021 034 \*\*\*\*70.00

<b>DOCUMENT # N98000006060</b> 1. Entity Name <b>GULF SHORES SERTOMA, INC.</b>			
Principal Place of Business P.O. BOX 2276 LAND O LAKES, FL 34639		Mailing Address P.O. BOX 2276 LAND O LAKES, FL 34639	
2. Principal Place of Business <b>PO Box 12</b> Suite, Apt. #, etc. <b>New Port Richey</b> City & State <b>Florida</b> Zip <b>34656</b> Country <b>USA</b>		3. Mailing Address <b>PO Box 12</b> Suite, Apt. #, etc. <b>New Port Richey</b> City & State <b>FLORIDA</b> Zip <b>34656</b> Country <b>USA</b>	
4. FEI Number <b>59-3526513</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		03272005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent  <b>TINKER, LISA</b> <b>GULF SHORES SERTOMA</b> <b>7017 PARK AVENUE</b> <b>NEW PORT RICHEY, FL 34652</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>		<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TONKIN, GINNA 7141 KAPP COURT NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MYERS, NENA 12230 CITATION RD SPRING HILL, FL 34610	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TINKER, LISA 7017 PARK AVENUE NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<input type="checkbox"/> Delete	
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
SD Ojeda, NANCY 9920 San Mateo Way PORT RICHEY, FL 34668		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
PD 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
PD 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
PD 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.			
<b>SIGNATURE:</b> <u>Nena M. Myers</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/28/2005</u> <u>813-995-9805</u> <small>Date Daytime Phone #</small>	

*Nena M. Myers - TD*