

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006060

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: GULF SHORES SERTOMA, INC.

## Current Principal Place of Business:

PO BOX 12  
NEW PORT RICHEY, FL 34656

## New Principal Place of Business:

4443 ROWAN RD  
NEW PORT RICHEY, FL 34653

## Current Mailing Address:

PO BOX 12  
NEW PORT RICHEY, FL 34656

## New Mailing Address:

FEI Number: 59-3526513      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: HOLBERT, CAROL  
Address: 5919 CONSUELLO DR.  
City-St-Zip: HOLIDAY, FL 34690

Title: TD ( ) Delete  
Name: MYERS, NENA  
Address: 12230 CITATION RD  
City-St-Zip: SPRING HILL, FL 34610

Title: PD ( ) Delete  
Name: OJEDA, NANCY  
Address: 9920 SAN MATEO WAY  
City-St-Zip: PORT RICHEY, FL 34668

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition  
Name: TINKER, LISA  
Address: 7017 PARK AVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD (X) Change ( ) Addition  
Name: TONKIN, GINNA  
Address: 7141 KAPP COURT  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY OJEDA

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date