

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000001714	
1. Entity Name SERTOMA JUNIOR GOLF TOUR, INC.	

Principal Place of Business 3129 GOLFVIEW RD SEBRING, FL 33872	Mailing Address 160 W LAKE TROUT DR AVON PARK, FL 33825
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DO NOT WRITE IN THIS SPACE



04042006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0918904	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GENTRY, PAMELA S
160 W LAKE TROUT DRIVE
AVON PARK, FL 33825**

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	DATE 04/26/06-80013-009 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEST, CHUCK 90 LAKE TROUT DRIVE AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARRINGTON, LAURIE 2221 U.S. HIGHWAY 27 SOUTH SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GENTRY, PAMELA S 160 W LAKE TROUT DRIVE AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALKUP, PATRICIA 3703 SUNRISE DRIVE SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLURG, THOMAS E 5333 CAIRO DRIVE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Pamela S Gentry **PAMELA S. GENTRY** 4-4-06 863-453-9199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #