# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 09, 2007 8:00 am**
**Secretary of State**
04-09-2007 90094 017 ****61.25

DOCUMENT # N99000001714

1. Entity Name
SERTOMA JUNIOR GOLF TOUR, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3129 GOLFVIEW RD<br>SEBRING, FL 33872 | 160 W LAKE TROUT DR<br>AVON PARK, FL 33825 |

03202007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____
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, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BEST, CHUCK<br>90 LAKE TROUT DRIVE<br>AVON PARK, FL 33825 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/D<br>Patrick W. Danzey<br>1325 Lake Lotela Drive<br>Avon Park, FL 33825 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>HARRINGTON, LAURIE<br>2221 U.S. HIGHWAY 27 SOUTH<br>SEBRING, FL 33870 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP/D<br>John Barlow<br>732 Cecil Durrance Road<br>Zolfo Springs, FL 33890 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>GENTRY, PAMELA S<br>160 W LAKE TROUT DRIVE<br>AVON PARK, FL 33825 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>John Flannery<br>300 Ridgeport<br>Sebring, FL 33876 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>WALKUP, PATRICIA<br>3703 SUNRISE DRIVE<br>SEBRING, FL 33872 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCCLURG, THOMAS E<br>5333 CAIRO DRIVE<br>SEBRING, FL 33870 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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 4-6-06 863-453-9199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #