

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90040 046 \*\*\*\*61.25

<b>DOCUMENT # N99000001714</b>					
<b>1. Entity Name</b> SERTOMA JUNIOR GOLF TOUR, INC.					
<b>Principal Place of Business</b> 3429 GOLFVIEW RD SEBRING, FL 33872			<b>Mailing Address</b> 160 W LAKE TROUT DR AVON PARK, FL 33825		
<b>2. Principal Place of Business - No P.O. Box #</b> 5323 Sun 'N Lake Blvd.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Sebring, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0918904	
<b>Zip</b> 33872		<b>Country</b> Highlands		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GENTRY, PAMELA S 160 W LAKE TROUT DRIVE AVON PARK, FL 33825			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
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 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> DANZEY, PATRICK W <b>STREET ADDRESS</b> 1325 LAKE LOTELA DR <b>CITY - ST - ZIP</b> AVON PARK, FL 33825	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Andrew Kesling <b>STREET ADDRESS</b> 266 Meadowlark Ave. <b>CITY - ST - ZIP</b> Sebring, FL 33872	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> BARLOW, JOHN <b>STREET ADDRESS</b> 732 CECIL DURRANCE RD <b>CITY - ST - ZIP</b> ZOLFO SPRINGS, FL 33890	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> GENTRY, PAMELA S <b>STREET ADDRESS</b> 160 W LAKE TROUT DRIVE <b>CITY - ST - ZIP</b> AVON PARK, FL 33825	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> WALKUP, PATRICIA <b>STREET ADDRESS</b> 3703 SUNRISE DRIVE <b>CITY - ST - ZIP</b> SEBRING, FL 33872	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> MCCLURG, THOMAS E <b>STREET ADDRESS</b> 5333 CAIRO DRIVE <b>CITY - ST - ZIP</b> SEBRING, FL 33870	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> FLANNERY, JOHN <b>STREET ADDRESS</b> 300 RIDGEPORT <b>CITY - ST - ZIP</b> SEBRING, FL 33876	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Pamela S. Gentry</i> <b>Pamela S. Gentry</b>			<b>4-16-08</b>		<b>863-453-9199</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>