


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90040 012 ****61.25

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DOCUMENT # N99000007218					
1. Entity Name CLEARWATER ALL-AMERICAN SERTOMA CLUB, INC.					
Principal Place of Business 59 BAYMONT STREET CLEARWATER, FL 33767			Mailing Address C/O CHARLES FAZIO 240 SAND KEY ESTATES DR., #64 CLEARWATER, FL 33767		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3610854	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FAZIO, CHARLES 240 SAN KEY ESTATES DR., #64 CLEARWATER, FL 33767				Name <u>CHARLES M. FAZIO</u> Street Address (P.O. Box Number is Not Acceptable) <u>240 SAND KEY ESTATES DR. #64</u> City <u>FL</u> 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 <u>Charles M. Fazio</u> Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when re-registering)				DATE <u>3-10-06</u>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	STD <input type="checkbox"/> Delete				
NAME	FAZIO, CHARLES				
STREET ADDRESS	240 SAND KEY ESTATES DR #64				
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767				
TITLE	VP <input checked="" type="checkbox"/> Delete				
NAME	SMITH, THOMAS				
STREET ADDRESS	670 ISLAND WAY #501				
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767				
TITLE	VP <input checked="" type="checkbox"/> Delete				
NAME	KARRIS, LOUIS				
STREET ADDRESS	736 ISLAND WAY #805				
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767				
TITLE	PD <input checked="" type="checkbox"/> Delete				
NAME	DORAN, JOHN				
STREET ADDRESS	65 VERBENA STREET				
CITY-ST-ZIP	CLEARWATER, FL 33767				
TITLE	VP <input checked="" type="checkbox"/> Delete				
NAME	SHARP, JOHN				
STREET ADDRESS	660 ISLAND WAY #406				
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	Weiss, George				
STREET ADDRESS	337 Midway Island				
CITY-ST-ZIP	CLEARWATER FL 33767 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <u>Charles M. Fazio</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>3/10/06</u> Daytime Phone # <u>727.593.8322</u>	