2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2008 8:00 am Secretary of State

DOCUMENT # N9900007218 1. Entity Name CLEARWATER ALL-AMERICAN SERTOMA CLUB, INC.)2-11-2008 9			25
Principal Place of Business 240 SAND KEY ESTATES DR #64 CLEARWATER BEACH, FL 33767 Mailing Address C/O CHARLES FAZIO 240 SAND KEY ESTATES D CLEARWATER, FL 33767					64		1 1 1 1 1 1 1 1 1 1			
2. Principal P	lace of Busine	ess - No P.O. Box #	3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02072008	Chg-NP	CR2E03	7 (12/06)	
City & State			City & State			4. FEI Number 59-3610				oplied For
Zip	Country		Zip Cou		ntry	5. Certificate of	of Status Desired		8.75 Add	ditional
- 74	6. Name	and Address of Current	Registered Agent			-7. Name and	Address of New	Registered A	gent	
= . = . =		·			Name					
FAZIO, CHARLES 240 SAN KEY ESTATES DR., #64 CLEARWATER, FL 33767			:		Street Address (P.O. Box Number is Not Acceptable)					
•					City	3		FL Zip Code		
8. The above the obligat	named entity tions of registe	submits this statement for ered agent.	or the purpose of changing its	registere	d office or regis	tered agent, or both	, in the State of F	lorida. I am fa	amiliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature require						ri.	,		<u> </u>	
	Signature, typed o	or printed name of registered agent	and title if applicable. (NOT)	É: Registered	Agent signature requi	ired when reinstating)		- DATE		
	Filing Fee	e is \$61.25	97 Election Car	npaign Fir	nancing	\$5.00 May Be		Make check		
40	Filing Fee	e is \$61.25 ay 1, 2008	91 Election Car Trust Fund C	npaign Fir Contributio	nancing	\$5.00 May Be Added to Fees	Flo	Make check rida Depart	ment of S	tate
10.	Filing Fee Due by M	e is \$61.25	97 Election Car Trust Fund C	npaign Fir Contributio	nancing	\$5.00 May Be	Flo	Make check rida Depart	ment of S	tate
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12. I hereby certify that the information supplied with this filling 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:

C.M. Parico C.M. FAZIO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-08 127

727-593-833 2 Daytime Phone #