2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State
04-06-2000 90041 019 ****61.25

DOCUMENT # 736239

1. Entity Name

PALM BAY CHAPTER #2622 OF AMERICAN ASSOCIATION O

Principal Place of Business	Mailing Address
1060 ALTAMIRA ST NW PALM BAY FL 32907 US	1060 ~~ALTMIRA~~ ST NW PALM BAY FL 32907-2754 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Palm Bay Community Center	1060 ALTAMIRA St. NW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Palm Bay, Fl
City & State: Palm Bay, Fl	City & State
Zip: 32905 Country: USA	Zip: 32907 Country: USA

4. FEI Number: 95-3029898 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~BUCHAOLTZ, KYLA~~ S 1060 ALTAMIRA ST NW PALM BAY FL 32907	Name: BUCHOLTZ, NYLA S. Street Address (P.O. Box Number is Not Acceptable): 1060 ALTAMIRA St. NW City: PALM Bay FL Zip Code: 32907

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.

SIGNATURE: NYLA S. Bucholtz Sec/Treas. Nyla S. Bucholtz 3-31-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BUCHOLTZ, NYLA S 1060 ALTAMIRA ST NW PALM BAY FL 32907-2754	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCIVER, ~~BERT~~ 1659 AVERY RD NE PALM BAY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCIVER, BERT 1659 AVERY Rd. NE Palm Bay, Fl 32905	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETER, JANNONE P.O. BOX 50049 N/A MALABAR FL 32950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BATTICE, THELMA 2194 FALLON BLVD PALM BAY FL 32905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. BATTICE, THELMA 2194 FALLON BLVD NE Palm Bay, Fl 32905	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KING, JIM 898 CHAMPION DR NE PALM BAY FL 32905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SENTER, GEORGE 1664 SUNNY BROOK LN NE PALM BAY FL 32905	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRES. ALMA Peterson 927 PINEWALK CT. NE Palm Bay, Fl 32905	☒ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED Nyla S. Bucholtz 3-31-00 321-724-8975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #