

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90080 014 ****61.25

DOCUMENT # 761880

1. Entity Name

SOUTH TAMPA - PALMA CEIA CHAPTER #3401 OF AMERIC

Principal Place of Business

3501 SAN JOSE AVE
 TAMPA FL 33611
 US

Mailing Address

VIRGINIA NOWLIN
 3506 SAN JOSE AVE
 TAMPA FL 33629
 US

2. Principal Place of Business

3. Mailing Address

2527 W. TENNESSEE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

33629 HILLSBOROUGH

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

NOWLIN, VIRGINIA
 3506 SAN JOSE AVE
 TAMPA FL 33629

Name DOROTHY C. DARLING

Street Address (P.O. Box Number is Not Acceptable)
 2527 W. TENNESSEE AVE

City TAMPA FL Zip Code 33629

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 Dorothy C. Darling, President 4-6-00
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	V	<input checked="" type="checkbox"/> Delete
NAME	MCCORD, JULIA A	
STREET ADDRESS	4209 W. SEVILLA	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHAVER, JEAN	
STREET ADDRESS	4218 CORONA	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GEE, THEDA	
STREET ADDRESS	3211 SWAN AVENUE #709	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NOWLIN, VIRGINIA	
STREET ADDRESS	3506 SAN JOSE AVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JURDAK, FLORIAN	
STREET ADDRESS	4015 WYOMING	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAENN, FLORENCE	
STREET ADDRESS	3501 CORONA ST	
CITY-ST-ZIP	TAMPA FL 33629-7909	

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOROTHY C. DARLING	
STREET ADDRESS	2527 W. TENNESSEE AVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIRGINIA NOWLIN	
STREET ADDRESS	3506 SAN JOSE AVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THEDA GEE	
STREET ADDRESS	3211 SWAN AVENUE #709	
CITY-ST-ZIP	TAMPA FL	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL CARTER	
STREET ADDRESS	815 S. EDISON AVE	
CITY-ST-ZIP	TAMPA, FL 33606-2918	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE CARTER	
STREET ADDRESS	815 S. EDISON AVE	
CITY-ST-ZIP	TAMPA, FL 33606-2918	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSPH HAENN	
STREET ADDRESS	3501 CORONA ST	
CITY-ST-ZIP	TAMPA FL 33629	

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: Dorothy C. Darling PRESIDENT 4-11-00 254-3201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)