## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

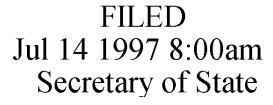
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DOCUMENT #

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(3)

LUPUS FOUNDATION OF AMERICA, INC., NORTHWEST FLO RIDA CHAPTER, INC.





Principal Plac	e of Business	M	Mailing Address							2,211 27217 1421
1207 WEST MORENO STREET			1207 WEST MORENO STREET							
POST OFFICE			POST OFFICE BOX 17841							
PENSACOLA FL 32501		PE	PENSACOLA FL 32501-2318				3. Date Incorporated or Qualific	ed 3a. (	Date of Last f	Report
							12/07/1982		05/01/1	996
2. Principal P	lace of Business	2a.	2a. Mailing Address				4. FEI Number		T A	pplied For
21		26	26				59-2269094			lot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional			
22		27	27				5. Certificate of Status Desired		Fee F	lequired
City & Stat	е		City & State			6. Election Campaign Financing	)	\$5.00	May Be	
23		28	m = 1			Trust Fund Contribution		Added to Fees		
Zip	Country	oxdot	<b>—</b> • —		Country		8. This corporation has tiability			s. 199.032, _:
24	25	29		30			Florida Statutes		No No	•
	9. Name and Address of Cur	rent Regist	tered Agent		<u> </u>	T	10. Name and Address of New	Registered	Agent .	
					81	Name				
	WARD, BARBARA S.					62 Street Address (P.O. Box Number is Not Acceptable)				
5860 LIMESTONE RD				83						
	COLA FL 32504						415-475			
	_				84	City			100 7:0	On ale
	• •				1	" "		FI	_ 1	Code
11. Pursuant	to the provisions of Sections 617.0	502 and 6	17.1508, Florida Stat	utes, the a	above	e-named	corporation submits this statement for the coration's board of directors. I hereby ac	e purpose	of changing i	its registered
Office or r	egistered agent, or both, in the Sta im femiliar with, and accept the old	ate of Floric	ia. Such change was Section 617 0503	s authorize Florida Ste	ed by	the corp	oration's board of directors. I hereby ac	cept the ap	pointment as	registered
OLONATURE.			080100017.0000,1	i ionua ota	atuto:	J.		- diameter		<del>,</del>
SIGNATURE	Signature, typed or printed name of registered	agent and title	il applicable. (NO	OTE: Register	ed Age	ent signature	required when reinstating)	DATE	/ 7	
12.	OFFICERS A	AND DIREC	TORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12
TITLE	VPM		DELETE	1.13	ITLE	1			Change	☐ Addition
NAME	WARD, BARBARA S.			1.2 N	VAME					
STREET ADDRESS	5860 LIMESTONE RD			1.3.5	STREET	ADDRESS				
CITY-ST-ZIP	PENSACOLA, FL 00000				CITY-S					
TITLE	STD		DELETE	2.1 T					Change	Addition
NAME	NORRIS, JULIE			221	IAME	-			•	
STREET ADDRESS	981 AQUAMARINE DRIVE					ADDRESS				
CITY-ST-ZIP	GULF BREEZE FL					ST-ZIP				
TITLE	PD		DELETE	3.1 T		31-6H		•••	Change	Addition
NAME	SMITH, PATSY			321					- Almilla	
STREET ADDRESS	4315 HICKORY SHORES B	OUI EVAS	RD.			ADDRESS				
CITY-ST-ZIP	GULF BREEZE FL					į.				
TITLE	0		DELETE	3.4. ( 4.1 T		ST-ZIP			Change	Addition
NAME	MURPHY, MEL		- Detrie		NAME				L. Orange	
STREET ADDRESS	8443 LAKE ATKINSON					ADDDESS				
						ADDRESS				
CITY-ST-ZIP TITLE	TALLAHASSEE FL		☐ DELETE		HTY-S	1-ZIP			Change	Addition
NAME	LATINDRIA FANDY		L DECENT	5.1 1					Change	Addition
	MURPHY, MYRA			5.2 N						
STREET ADDRESS	8443 LAKE ATKINSON					ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL		Doner		ITY-S	T-ZIP				
TITLE	lituta		☐ DELETE	6.1 T					☐ Change	Addition
NAME -				6.2 N	IAME	İ				
STREET ADDRESS				6.3 S	TREET	ADDRESS				
CITY-ST-ZIP				6.4 C	ITY-S	T-ZIP				

I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.