

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2000 8:00 am
Secretary of State

01-25-2000 90036 041 ****61.25

DOCUMENT # 766010

1. Entity Name

LUPUS FOUNDATION OF AMERICA, INC., NORTHWEST FLO

00032649



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1207 WEST MORENO STREET
POST OFFICE BOX 17841
PENSACOLA FL 32501

Mailing Address
1207 WEST MORENO STREET
POST OFFICE BOX 17841
PENSACOLA FL 32501-2318

2. Principal Place of Business
1207 West Moreno Street
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 17841
Suite, Apt. #, etc.

City & State
Pensacola FL
Zip 32501
Country USA

City & State
Pensacola FL
Zip 32501
Country USA

4. FEI Number 59-2269094
Applied For
Not Applied

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

6. Name and Address of Current Registered Agent

WARD, BARBARA S.
5860 LIMESTONE RD
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name Wanda Argersinger
Street Address (P.O. Box Number is Not Acceptable)
5384 Harmony Lane
City Gulf Breeze FL Zip Code 32561

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 Wanda M. Argersinger
Signature, typed or printed name of registered agent and title if applicable

Wanda M. Argersinger

1/15/2000
DATE

(NOTE: Registered Agent signature required when reinstating)

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	VPM	☒ Delete		TITLE	President	☐ Change	
NAME	WARD, BARBARA S.			NAME	Brenda Lee D		
STREET ADDRESS	5860 LIMESTONE RD			STREET ADDRESS	3043 North 36th Avenue		
CITY-ST-ZIP	PENSACOLA, FL 00000			CITY-ST-ZIP	Milton FL 32583		
TITLE	STD	☒ Delete		TITLE	Vice President	☐ Change	
NAME	NORRIS, JULIE			NAME	Carol McDonald D		
STREET ADDRESS	961 AQUAMARINE DRIVE			STREET ADDRESS	7812 Peterson Point Road		
CITY-ST-ZIP	GULF BREEZE FL			CITY-ST-ZIP	Milton FL 32583		
TITLE	PD	☐ Delete		TITLE	Director	☒ Change	
NAME	SMITH, PATSY			NAME			
STREET ADDRESS	4315 HICKORY SHORES BOULEVARD			STREET ADDRESS			
CITY-ST-ZIP	GULF BREEZE FL			CITY-ST-ZIP			
TITLE	D	☒ Delete		TITLE	Vice President	☐ Change	
NAME	MURPHY, MEL			NAME	Ernestine Williams D		
STREET ADDRESS	8443 LAKE ATKINSON			STREET ADDRESS	3307 Fridinger Drive		
CITY-ST-ZIP	TALLAHASSEE FL			CITY-ST-ZIP	Pensacola FL 32526		
TITLE	D	☒ Delete		TITLE	Vice President	☐ Change	
NAME	MURPHY, MYRA			NAME	Chaplain Harry Burrell D		
STREET ADDRESS	8443 LAKE ATKINSON			STREET ADDRESS	1641 East Maura Street		
CITY-ST-ZIP	TALLAHASSEE FL			CITY-ST-ZIP	Pensacola FL 32503		
TITLE		☐ Delete		TITLE	Treasurer	☐ Change	
NAME				NAME	Wanda Argersinger D		
STREET ADDRESS				STREET ADDRESS	5384 Harmony Lane		
CITY-ST-ZIP				CITY-ST-ZIP	Gulf Breeze FL 32561		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wanda M. Argersinger Wanda M. Argersinger 1/15/2000 850-494-0250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone