

DOCUMENT # N97000001610

1. Entity Name

JOE NIC BARCO MEMORIAL POST AUXILIARY, INC.**FILED**
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90044 046 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business IDA M PONTON 8350 E DERBY OAKS DR FLORAL CITY FL 34436		Mailing Address IDA M PONTON 8350 E DERBY OAKS DR FLORAL CITY FL 34436	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3213394		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PONTON, IDA M 8350 E DERBY OAKS DR FLORAL CITY FL 34436		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Ida m. Ponton</i></u> Signature, typed or printed name of registered agent and title if applicable.		DATE <u>1- - 2001</u> (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 NAME STREET ADDRESS CITY-ST-ZIP	PD FERGERSON, LYNN 8360 S. COVE ST. FLORAL CITY FL 34436 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Foster Beverly 9053 S. Tara Pt. Floral City, Fl. 34436 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LYBEK, KELLY 9631 S EVANS AVE INVERNESS FL 34452 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Chaffin Brenda 12633 S. Florida Ave. Floral City, Florida 34436 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SUTPHIN, TAMMIE 11629 E. SALMON DR. FLORAL CITY FL 34436 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Thornton Marjorie 7200 E. Hampton Ct. Floral City, Fl. 34436 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PONTON, IDA M 8350 E. DERBY OAKS DR. FLORAL CITY FL 34436 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Same ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THURMAN, ELIZABETH 6635 LANDOVER BLVD SPRING HILL FL 34608-1318 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Same ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u><i>SIGNATURE REQUIRED</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1- - 2001</u> Daytime Phone # <u>1-352-637-0267</u>	