2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State
01-24-2002 90373 022 ****61.25

DOCUMENT # N97000001610

1. Entity Name

JOE NIC BARCO MEMORIAL POST AUXILIARY, INC.

Principal Place of Business	Mailing Address
IDA M PONTON 8350 E DERBY OAKS DR FLORAL CITY FL 34436	IDA M PONTON 8350 E DERBY OAKS DR FLORAL CITY FL 34436

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
PONTON, IDA M 8350 E DERBY OAKS DR FLORAL CITY FL 34436	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 Ida M. Ponton 1-7-2002

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	PD FOSTER, BEVERLY 9053 S. TARA PT. FLORAL CITY FL 34436	☐ Delete	PD Chaffin Brenda 12633 S. Florida Ave. Floral City, Florida 34436	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CHAFFIN, BRENDA 12633 S. FLORIDA AVE. FLORAL CITY FL 34436	☐ Delete	V Hatton Barbara 87 Oscela St. Beverely Hills, Florida 34465	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SUTPHIN, TAMMIE 7200 E. HAMPTON CT. FLORAL CITY FL 34436	☐ Delete	D Marsh Patricia 11515 S. Turner Ave. Floral City, Florida 34436	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PONTON, IDA M 8350 E. DERBY OAKS DR. FLORAL CITY FL 34436	☐ Delete	Same	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S THURMAN, ELIZABETH 6635 LANDOVER BLVD SPRING HILL FL 34608-1318	☐ Delete	S Fergerson Lynn 8360 S. Cove St. Floral City, Fl. 34436	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: Ida M Ponton SIGNATURE REQUIRED 1-7-2002 1-352-637-0267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #