

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90155 026 ****61.25

DOCUMENT # 723761

1. Entity Name

WINTER PARK CHAPTER #1047 OF AMERICA ASSOCIATION

Principal Place of Business

Mailing Address

1871 CHOCTAW TR
MAITLAND FL 32751
US

1871 CHOCTAW TR
MAITLAND FL 32751
US

2. Principal Place of Business

3. Mailing Address

HOME
989 EASTBROOK BLVD

989 EASTBROOK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WINTER PARK, FL

City & State
WINTER PARK FL

4. FEI Number 23-7183313

Applied For
☒ Not Applicable

Zip 32792 Country USA

Zip 32792 Country USA

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

HALYARD, OC
1871 CHOCTAW TR
MAITLAND FL 32751
THIS NAME SHOULD HAVE BEEN CHANGED LAST YEAR TO I HAVE BEEN PRESIDENT SINCE 1-2000. INFO SENT TO YOU ON 3-2-2000.

Name HELEN E. JONES
Street Address (P.O. Box Number is Not Acceptable) 989 EASTBROOK BLVD
City WINTER PARK FL Zip Code 32792-3013

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 Helen E. Jones

2-6-2001

Signature, typed or printed name of registered agent appropriate 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 VPD- PRES, DIRECTOR
NAME JONES, HELEN
STREET ADDRESS 989 EASTBROOK BLVD
CITY-ST-ZIP WINTER PARK FL 32792-3013

TITLE DAMUTH, MARY
NAME
STREET ADDRESS 989 EASTBROOK BLVD
CITY-ST-ZIP WINTER PARK, FL 32792-3013

TITLE SD
NAME MICHALSKI, BEA
STREET ADDRESS 667 JAMESTOWN BLVD #1065
CITY-ST-ZIP ALTOMONTE SPRING FL 32714

TITLE D
NAME KLOTZ, CHARLES
STREET ADDRESS 430 E. PACKWOOD AVE. #110 B
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D
NAME GILMAN, MARGARET
STREET ADDRESS 4758 TANGERINE AVE
CITY-ST-ZIP WINTER PARK FL 32792

TITLE D
NAME HARMS, DORA
STREET ADDRESS 161 SHELL POINT WEST
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D
NAME SERVICE, CAROL
STREET ADDRESS 2341 BANCHORY RD
CITY-ST-ZIP WINTER PARK FL 32792

TITLE D
NAME GRAY, SHIRLEY
STREET ADDRESS 490 MILEPOST CT.
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE TD
NAME MCGRANAHAN, ANN
STREET ADDRESS 10560 CRESTO DEL SOL CR
CITY-ST-ZIP ORLANDO FL

TITLE TD
NAME BAUMEISTER, GEORGE
STREET ADDRESS 733 MALONE DR.
CITY-ST-ZIP ORLANDO, FL 32810

TITLE VPD
NAME HALYARD, O.C.
STREET ADDRESS 1871 CHOCTAW TRAIL
CITY-ST-ZIP MAITLAND FL 32751

TITLE VPD
NAME MROCZKOWSKI, ALBERT
STREET ADDRESS 161 SHELL POINT WEST
CITY-ST-ZIP MAITLAND, FL 32751

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: HELEN E. JONES
DATE: Feb 6, 2001
PHONE: 407-671-8393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)