

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2003 8:00 am
Secretary of State

3/

03-12-2003 90124 009 ****61.25

DOCUMENT # 708529

1. Entity Name

JENSEN BEACH WOMEN'S ASSOCIATION



Principal Place of Business

SUGAR HILL RD
PO BOX 1402
JENSEN BCH FL 34958

Mailing Address

SUGAR HILL RD
PO BOX 1402
JENSEN BCH FL 34958

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 **59-6140646**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PRIBELLO, FELICE
3043 SE GALT CIR
PT ST LUCIE FL 34984

FELICE PULBELLO
3828 HYDRILLA CT
PSL. FL. 34982

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Felice Pribello Treas.

3/30/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HALL, GRACE**
STREET ADDRESS **835 KRUEGAR PKWY**
CITY-STATE-ZIP **STUART FL 34998**

TITLE **V** ☐ Delete
NAME **MURAD, JANE**
STREET ADDRESS **2026 SE ELMHURST RD**
CITY-STATE-ZIP **PORT SAINT LUCIE, FL 34952**

TITLE **T** ☐ Delete
NAME **MATHESON, JENE**
STREET ADDRESS **1725 SE LULLABY TERR**
CITY-STATE-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **T** ☐ Delete
NAME **PULBELLO, FELICE**
STREET ADDRESS **3043 SE GALT CIR**
CITY-STATE-ZIP **PORT SAINT LUCIE FL 34984**

TITLE **T** ☐ Delete
NAME **MANN, WARREN**
STREET ADDRESS **1586 SE MINORCA AVE**
CITY-STATE-ZIP **PORT SAINT LUCIE FL 34952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **Rita Swiech**
STREET ADDRESS **347 Halpatiskie St**
CITY-STATE-ZIP **STEWART**

TITLE **D** ☒ Change ☐ Addition
NAME **Grace Hall**
STREET ADDRESS **835 Kruegar Pkwy**
CITY-STATE-ZIP **STEWART FL 34998**

TITLE **D** ☒ Change ☐ Addition
NAME **Jene Matheson**
STREET ADDRESS **1725 SE Lullaby Ter.**
CITY-STATE-ZIP **PSL FL 34952**

TITLE **D** ☒ Change ☐ Addition
NAME **Felice Pribello**
STREET ADDRESS **3828 HYDRILLA CT**
CITY-STATE-ZIP **PSL. FL 34982**

TITLE **TR.** ☐ Change ☐ Addition
NAME **Warrene Mann**
STREET ADDRESS **1586 SE MINORCA AVE**
CITY-STATE-ZIP **PSL 34952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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:

SIGNATURE REQUIRED

Felice Pribello *3/30/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/02)