

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 18, 2001 8:00 am
Secretary of State

04-26-2001 90250 010 *****61.25

DOCUMENT # 711386

1. Entity Name

FORT MYERS CHAPTER #35 OF AMERICAN ASSOCIATION O

Principal Place of Business Mailing Address
~~1624 PINE VALLEY DR~~ **5525 NEW PINGLAKE DR.** ~~1624 PINE VALLEY DR~~ **5525 NEW PINGLAKE**
~~206~~ **206** ~~FORT MYERS FL 33907-4017~~ **FORT MYERS FL 33907-4017**
US **US**



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 **59-2504215** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
YEAGLEY
~~YEAGLEY, MARGARET~~
1510 MEMOLI #C2
FORT MYERS FL 33919

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title, if applicable.

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
 TITLE P ☐ Delete
 NAME YEAGLEY, MARGARET
 STREET ADDRESS 1510 MELOW LANE #C2
 CITY - ST - ZIP FORT MYERS FL 33919
 TITLE V ☐ Delete
 NAME KNOUSE, MARIE C
 STREET ADDRESS 3704 BROADWAY #310
 CITY - ST - ZIP FORT MYERS FL 33919
 TITLE ~~SB~~ ☐ Delete
 NAME BOWER, BETTY J
 STREET ADDRESS 2551 WELCH STREET
 CITY - ST - ZIP FT MEYERS FL 33901
 TITLE TD ☒ Delete
 NAME THORNGUST, THOMAS N
 STREET ADDRESS 1624 PINE VALLEY DR #206
 CITY - ST - ZIP FORT MYERS FL 33907
 TITLE ~~B~~ ☒ Delete
 NAME HESS, LUIS L
 STREET ADDRESS 1206 BROAD ST W #043
 CITY - ST - ZIP LEHIGH ACRES FL 33936
 TITLE ~~D~~ ☒ Delete
 NAME CAMPANELLI, MILDRED A
 STREET ADDRESS 771 JUNE PKWY
 CITY - ST - ZIP N FT MEYERS FL 33908

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
 TITLE D ☐ Change ☒ Addition
 NAME MENGERT, MARGARET
 STREET ADDRESS 4626 DELEON ST. #D-115
 CITY - ST - ZIP FT. MYERS, FL. 33907
 TITLE D ☐ Change ☒ Addition
 NAME WEST, RAY
 STREET ADDRESS 2168 WILLARD ST.
 CITY - ST - ZIP FT. MYERS, FL. 33901
 TITLE ~~SECRETARY~~ ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 TITLE ☒ Change ☐ Addition
 NAME TREASURER J. SMYER
 STREET ADDRESS 5525 NEW PINGLAKE DR.
 CITY - ST - ZIP FORT MYERS, FL. 33907-4017
 TITLE D ☐ Change ☒ Addition
 NAME JOHNSON, ROBERT
 STREET ADDRESS 2185 WILLARD ST
 CITY - ST - ZIP FT. MYERS, FL. 33901
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - 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: Emmalyn J. Smyser **EMMALYNE J. SMYSER** 4-20-01 (941) 278-9900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)