

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90153 010 *****70.00

DOCUMENT # 718849

1. Entity Name

JOE REALINO MEMORIAL FUND, INC.



Principal Place of Business

**140 N. BREVARD AVE
COCOA BCH FL 32931
US**

Mailing Address

**P.O. BOX 320364
COCOA BCH FL 32932-364
US**

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 **59-3327356**

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

**WILFRET, MARY
52 COLONIAL DR
COCOA BEACH FL 32931**

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

SIGNATURE

Mary Wilfret

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHABOT, RON	
STREET ADDRESS	P O BOX 561290	
CITY-ST-ZIP	ROCKLEDGE FL 32956-1290	
TITLE	RSD	<input type="checkbox"/> Delete
NAME	BARQUIN, DONNA	
STREET ADDRESS	425 BUCHANAN AVE #507	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MASSIE, WANDA LEE	
STREET ADDRESS	400 CATALINA DRIVE	
CITY-ST-ZIP	COCOA BCH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PARSONS, BILL	
STREET ADDRESS	152 MARTESIA WAY	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SOUDERS, JOHNATHAN	
STREET ADDRESS	140 N. BREVARD AVE	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILFRET, MARY	
STREET ADDRESS	52 COLONIAL DR	
CITY-ST-ZIP	COCOA BCH FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mary Wilfret* **4-8-03** **321-784-0636**

CR2E037 (10/02)