MERRITT ISLAND CHAPTER #7	
	756 OF AMÉRICAN ASSOCIAT
Principal Place of Business	Mailing Address
200 S. SYKES CREEK PKY #104 MERRIT ISLAND. FL 32952 US	200 S. SYKES CREEK PKY #104 MERRIT ISLAND, FL 32952 US

	ipal Place of Business 15 INLET AVE 245 INLET							}			
Suite, Apt. #,	<del></del>	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State MERRY 15. FL. MERRY 15.				-,		4. FÉI Number 23-7097944			Applied For		
Zip Country Zip				intry	<del></del>	<del> –</del>			Not Applicable	4	
32953 VS 32953				<i>S</i>		5. Certificate of Status Desired S8.75 Additional Fee Required					
ļ	6. Name and Address of Current R		7. Name and Address of New Registered Agent								
				Name 6	LEN	VICEHI	FABLINGER				
HARDOS, JO	OHN			Street Add	dresş (P	O. Box Number	er is Not Acceptable)		·	1	
1355 CEPHE			ŀ	<u>500</u>	<u> </u>	SYKES	TC. TRWY.			-	
MERRITT ISL	LAND FL 32953			104704							
				City	RIT	115. FO	7 <del>226≥</del> F		2-2	1	
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.											
0.4  0.9  0.0											
SIGNATURE Thance (1. Cablinger Treasurer)											
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE											
	FILE NOW:	9. Election Campaign		_	\$5.00	) May Be	Make Checi	k Payable t	0	1	
	FEE IS \$61.25	Trust Fund Contrib	ution.	Ш	Added	to Fees	Departme	nt of State			
10.	11.		Ä	DDITIONS/CHA	ANGES TO OFFICERS AND	DIRECTORS	IN 10	4			
TITLE P						ESIDE		12 Change		ୀନ୍ତି	
	O'GEEN, CHARLES	<b>7-</b> 20.00	TITLE NAME	I	146	ERMAN	N THULKE	<i>–</i> •	_	100	
	00 S SYKES CREEK PKWY #10	)4	STREE	ET ADDRESS	24	5 INLO	N THULKE			CR2E037 (10/00	
	MERRITT ISLAND FL 32952			CITY-ST-ZIP MERRITT 15. FL- 32953							
TITLE	•	<b>12</b> Delete	TITLE NAME	SEC	ING	NO TO	UKE	Change	☐ Addition	S.	
1	O'GEEN, SHIRLEY			T ADDRESS /	24-1NLET AVE MERRIZT IS. FL 32953						
h =	:00 S. SYKËS CREEK PKWY #1: MERRITT ISLAND FL 32952	U <del>4</del>		ST-ZIP	MEI	RR177 1	S. FC 32953				
	THE REPORT OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFIC	Delete	TITLE		10.	CI-ENIV	E FABLING	Change	Addition	- 1	
	łardos, john	<b>L</b> obdicic	NAME		300	0 5, 54	WAS CRK PVW	14 15	704	-	
	355 CEHEUS CT			T ADDRESS	MIS	DOTT	E FABLINGE 1655 CP4. PKU 1 <b>5</b> . FL. 329	× 7	- ,		
	MERRITT ISLAND FL 32953		CITY-	ST-ZIP	7-7-7	7411. 1				۱.	
TITLE		☐ Delete	TITLE					☐ Change	Addition		
	SCHON, MARY A 295 Plum avenue		NAME STREE	ET ADDRESS							
	MERRITT ISLAND FL 32952		1	ST-ZIP						Ì	
TITLE V		☐ Delete	TITLE				<del>-, -, -, -, -, -, -, -, -, -, -, -, -, -</del>	Change	Addition	7	
	regar, allene w		NAME								
1 .	872 SUPERIOR DRIVE			T ADDRESS						1	
	OCOA FL 32926			ST-ZIP		. <u></u>				′ء اـ	
TITLE D		☐ Delete	TITLE	]				☐ Change	☐ Addition	] <i>[</i> *	
	IEVITT, GEORGETTE 1020 COTTONWOOD CIRCLE		NAME STREE	T ADDRESS						1.	
	COCOA FL 32926			ST-ZIP						I	
	for that the information auntaliad with the	in filing along and grantful for		notion atsta-	C	tion 110 07/01/2	Control of the contro			:	

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:

02-06-01 321-454-9126
Date Daylime Phone \*