2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State
02-26-2000 90011 049 ****61.25

DOCUMENT # 723977

1. Entity Name

JACKSONVILLE-ARLINGTON CHAPTER #1089 OF AMERICAN

Principal Place of Business	Mailing Address
23 FORESTAL CIR N ATLANTIC BEACH FL 32233	23 FORESTAL CIR N ATLANTIC BEACH FL 32233-3323 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5000 San Jose Blvd.	5000 San Jose Blvd.
Suite, Apt. #, etc. 156	Suite, Apt. #, etc. 156
City & State: Jacksonville, Fl.	City & State: Jacksonville, Fl.
Zip: 32207-7635 Country: Duval	Zip: 32207-7635 Country: Duval

4. FEI Number 23-7191215 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOUITON, MARY
23 FORESTAL CIR N
ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent

Name: Marie Chase
Street Address (P.O. Box Number is Not Acceptable): 5000 San Jose Blvd.
Apt. # 156
City: Jacksonville FL Zip Code: 32207-7635

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: Marie Chase Marie R. Chase 2/11/2000
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOEL, PAULINE 1015 IBIS RD JACKSONVILLE FL 32216-2619	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Dwyer, Rosemary 339 Brunswick Road Jacksonville, Fl. 32216-8917 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURNER, RUTH 2524 MITCHELL ROAD JACKSONVILLE FL 32207	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMITH, HAROLD 1330 BELLEMEADE BLVD JACKSONVILLE FL 32211-6013	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Kimak, William 560 Bay Ridge Rd. Jacksonville, Fl. 32216-2640 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOEL, WENDELL 1015 IBIS RD JACKSONVILLE FL 32216-2619	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MOULTON, MARY 23 FORESTAL RD JACKSONVILLE FL 32211	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Chase, Marie 5000 San Jose Blvd., #156 Jacksonville, Fl. 32207-7635 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HEALY, TIM 1062 W LAWFIN ST JACKSONVILLE FL 32211	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Exum, Virginia 8424 Eaton Ave. Jacksonville, Fl. 32211-9628 ☐ Change ☒ Addition

CR2E037 (9/99)

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: Marie Chase SIGNATURE REQUIRED Marie R. Chase 2/11/2000 (904)448-5017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #