

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

07-05-2001 90009 020 ****66.25

DOCUMENT # 740325 0273			
1. Entity Name BROOKSVILLE, FLORIDA CHAPTER #2975 OF AMERICAN A			
Principal Place of Business BROOKSVILLE, FL CH #2975 4259 TIPPERARY LN BROOKSVILLE FL 34601		Mailing Address BROOKSVILLE, FL CH #2975 4259 TIPPERARY LN BROOKSVILLE FL 34601 US	
2. Principal Place of Business CHRIST LUTHERAN CHURCH Suite, Apt. #, etc. 475 NORTH AVENUE City & State BROOKSVILLE, FL		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip 34601	Country U.S.A.	4. FEI Number 95-3156396	Applied For Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUFFREA, JOSEPH A 8659 HIGH POINT BLVD BROOKSVILLE FL 34613		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$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 P NAME ROMIG, FRANCIS STREET ADDRESS 7459 MITCHELL RD. CITY-ST-ZIP BROOKSVILLE FL 34601-5652	<input checked="" type="checkbox"/> Delete	TITLE PRES. NAME JANE KING STREET ADDRESS 4007 SUGARFOOT DRIVE CITY-ST-ZIP SPRING HILL, FL. 3460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME WYDOTIS, MARY A STREET ADDRESS 13001 BRIDGE PATH CITY-ST-ZIP BROOKSVILLE FL 34614	<input checked="" type="checkbox"/> Delete	TITLE V.P. NAME JAMES L. COLLIER STREET ADDRESS P.O. 95 WILLOWOOD, FL CITY-ST-ZIP WILLOWOOD FL, 34785-0095	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME STANEK, ALEX STREET ADDRESS 4259 TIPPERARY LANE CITY-ST-ZIP BROOKSVILLE FL 34601	<input checked="" type="checkbox"/> Delete	TITLE SECY NAME MARYANN WYDOTIS STREET ADDRESS 13001 BRIDGE PATH CITY-ST-ZIP BROOKSVILLE, FL 34614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Substitute)
TITLE D NAME ABBOTT, CAROLYN STREET ADDRESS 1321 CANDLELIGHT BLVD CITY-ST-ZIP BROOKSVILLE FL 34601	<input checked="" type="checkbox"/> Delete	TITLE TREASURER. NAME ALEX F. STANEK STREET ADDRESS 4259 TIPPERARY LANE CITY-ST-ZIP BROOKSVILLE, FL 34601	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME WYDOTIS, MARYANN STREET ADDRESS 13001 BRIDGE PATH CITY-ST-ZIP BROOKSVILLE FL 34614	<input checked="" type="checkbox"/> Delete	TITLE D NAME VERONICA ANDREE STREET ADDRESS 4240 TIPPERARY LN. CITY-ST-ZIP BROOKSVILLE, FL 34601	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME CLINARD, ROSE STREET ADDRESS 310 LONGWOOD DR. BOX 583 CITY-ST-ZIP BROOKSVILLE FL 34601	<input checked="" type="checkbox"/> Delete	TITLE D NAME ROSE CLINARD STREET ADDRESS 310 LONGWOOD DRIVE CITY-ST-ZIP BROOKSVILLE, FL 34601	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>ALEX STANEK</u>		1/21/01	352-796-5767
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E037 (10/00)