

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90144 028 ****61.25

DOCUMENT # 743707

1. Entity Name

CALHOUN COUNTY CHAPTER #3096 OF AMERICAN ASSOCIA

Principal Place of Business

Mailing Address

822 W HENTZ AVE BETOWN
 BLOUNTSTOWN FL 32424
 US

822 W HENTZ AVE BETOWN
 BLOUNTSTOWN FL 32424-1038
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Blountstown Fl. 32424

City & State

Blountstown Fl. 32424

4. FEI Number

94-2497554

Applied For

Not Applicable

Zip

Country

America

Zip

32424

Country

Calhoun

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

STALEY, LOUISE
 RT 1 BOX 178
 BLOUNTSTOWN FL 32424

Name *Elsie F. Pierce*
 Street Address (P.O. Box Number is Not Acceptable)
822 W Hentz

City *Blountstown Fl.* FL Zip Code *32424*

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

Elsie F. Pierce

Treasurer

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	PANEK, CAROLYN	<input type="checkbox"/> Delete
NAME	PANEK, CAROLYN	
STREET ADDRESS	HWY 73 S. POB 171	
CITY-ST-ZIP	CLARKSVILLE FL 32430	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIFORD, ALICE	
STREET ADDRESS	620 MARIE AV	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FT. PIERCE, ELAIE	
STREET ADDRESS	822 W HENTZ AVE	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILFORD, JAMES	
STREET ADDRESS	620 MARIEL ST	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	D PANEK, CAROLYN	<input type="checkbox"/> Delete
NAME	RANCK, CAROLYN	
STREET ADDRESS	HWY 73 S. POB 171	
CITY-ST-ZIP	CLARKSVILLE FL 32430	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSHIRE, HARRY	
STREET ADDRESS	822 W. HENTZ AVENUE	
CITY-ST-ZIP	BLOUNTSTOWN FL	

TITLE	<i>Panek Carolyn</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Carolyn</i>	
STREET ADDRESS	<i>Hwy 73 S. P.O. Box 171</i>	
CITY-ST-ZIP	<i>Clarksville Fl. 32430</i>	
TITLE	<i>Williford Alice</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Alice</i>	
STREET ADDRESS	<i>620 Marie Ave.</i>	
CITY-ST-ZIP	<i>Blountstown Fl. 32424</i>	
TITLE	<i>Pierce Elsie</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Elsie</i>	
STREET ADDRESS	<i>822 W. Hentz Ave.</i>	
CITY-ST-ZIP	<i>Blountstown Fl. 32424</i>	
TITLE	<i>Williford James</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>James</i>	
STREET ADDRESS	<i>620 Marie A</i>	
CITY-ST-ZIP	<i>Blountstown Fl. 32424</i>	
TITLE	<i>Panek Carolyn</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Carolyn</i>	
STREET ADDRESS	<i>Hwy 73 S. P.O. Box 171</i>	
CITY-ST-ZIP	<i>Clarksville Fl. 32430</i>	
TITLE	<i>Anna Bates</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Anna</i>	
STREET ADDRESS	<i>RT 2 Box 552</i>	
CITY-ST-ZIP	<i>Blountstown Fl. 32424</i>	

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:

Carolyn Panek
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 12, 2000
 DATE

Daytime Phone #

CR2E037 (9/99)