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



FILED Feb 03, 2003 8:00 am Secretary of State 01-06-2003 90019 031 ****61.25

TILLE NAME DEVALINGEB LAVONNE STREET ADDRESS CITY-ST-ZIP BRADENTON PL 34209-1142 Delete VAN HELDEN, CAROL STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242-2516 TITLE NAME STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34209-4021 TITLE NAME STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34209-4021 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STR	1. Entity N. SARA D	E SOTO CHAPT		TIONAL SOCIETY OF	F /			01-06-200	3 90019 031	****61.25	
Suite, Apt. #, etc. City & State City & State City & State	1232 12TH STREET 3916 GLEN OAKS MANOR				DRIVE						
City & State Ci	Principal Place of Business Address Mailing Address					,					
Zip Country Zip Country	Suite, Apt. #, etc. Suite, Apt. #, etc.							☐ CHECK HERE IF MAKING CHANGES			
S. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name HOLLAND, EVELYNN L 3316 GLEN OAKS MANOR DRIVE SARASOTA FL 34232-1035 City FIL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FIL Zip Code City FIL Zip Code City FIL Zip Code City FIL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Make Check Payable to Fiorida Department of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State Flori	City & State City & State						4. FEI Number	i9-6153056	—		
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) Street Address (PO. 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 born, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Particle NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. NOTE Registered Agent or address agent and time applicable. NOTE Registered Agent or registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State Florida Department of State NAME DEVALINGEB LAVONNE SISTER ADDRESS GO HILD Change Addition NAME SITERI ADDRESS SITER	Zip				ip Country		5. Certificate of S	Status Desired [\$8.75 A	dditional	
HOLLAND, EVELYNN L 3916 GLEN OAKS MANOR DRIVE SARASOTA FL 34232-1035 City City FL Zip Code FL Zip		6. Name and A	ddress of Current Re	gistered Agent			7. Name and Ad	dress of New Regist			
SITECT ADDRESS STREET				<u>من و رسم محمد وهممد</u>		Name					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signatura Signatu	3916 GLEN OAKS MANOR DRIVE					Street Address (P.O. Box Number is Not Acceptable)					
B. The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Digreture, 1,0000 or powed name of registered agent and time a spiritable. (NOTE Registered Agent agranuse required when revisating) DATE						City	·.	<u> </u>	FI Zip Co	de	
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. 10. COFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	8. The above the obligation of	re named entity submit ations of registered ag	ts this statement for the	e purpose of changing its r	registere	l ed office or regist	ered agent, or both, in	the State of Florida.		, and accept	
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME STREET ADDRESS 640 HRLDEN, CAROL STREET ADDRESS 6341 PEACOCK ROAD SARASOTA FL 34242-2516 STREET ADDRESS ST	SIGNATURE						,				
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME DEVALINGER LAVONNE MAME		Signature, typed or printed in	name of registered agent and til	tie if applicable. (NOTE:	Registered	Agent signature requir	ed when reinsteling)	D	XATE		
TILE NAME DEVALINGEB LAVONNE GAO LIRECTORES DRIVE NW BRADENTON PL 34209-1142 TITLE VÂN HELDEN, CAROL STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242-2516 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SARABENTON PL 34209-4021 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SARASOTA FL 34242-2516 TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND OIRECTORS IN 10 TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND OIRECTORS IN 10 TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND OIRECTORS IN 10 TITLE NAME TI	&i	FILE NOW: FEE	IS \$61.25			• –		Make Cl Florida De	heck Payable partment of	to State	
TILE NAME DEVALINGED LAVONNE 640 HIRLSREST DRIVE NW BRADENTON PL 34209-1142 TITLE NAME VÂN HELDEN, CAROL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	10.	. 0	FFICERS AND DIRECT	FORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AN	D DIRECTORS II	V 10	
NAME STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242-2516 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME NOE, EVELYN STREET ADDRESS CITY-ST-ZIP NAME NAME NOE, EVELYN STREET ADDRESS CITY-ST-ZIP NAME NAME NOE, EVELYN STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME	NAME STREET ADDRESS	DEVALINGER LAN 640 HILLEREST D BRADENTON PL	VONNE DRIVE NW 34209-1142		name Stree	T ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34209-4021 True tec to Treasurer NAME NAME NAME NAME NAME NAME NAME NAME	NAME Street address	VÄN HELDEN, CA 6341 PEACOCK F SARASOTA FL 34	ROAD	☐ Delete	name Street	T ADDRESS			☐ Change	☐ Addition	
NAME HOLLAND, EVELYNN L 3916 GLEN OAKS MANOR DRIVE STREET ADDRESS CITY-ST-ZIP TITLE NAME WISNER, DOROTHY TOTAL TOT	NAME STREET ADDRESS	NOE, EVELYN 6606 11TH AVEN BRADENTON FL 3	IUE WEST 34209-4021	Dolete	NAME STREET		· · · · · · · · · · · · · · · · · · ·	-	☐ Change	☐ Addition	
NAME WISNER, DOROTHY NAME Change Addition NAME NAME	NAME Street Address	HOLLAND, EVELYI 3916 GLEN OAKS SARASOTA FL 342	'NN L S MANOR DRIVE	☐ Delote	NAME STREET	i i	_		☐ Change	Addition	
DITY-ST-ZIP BRADENTON FL 34207-4455 CITY-ST-ZIP -	IAME STREET ADDRESS	Wisner, Doroth 5998 Hibiscus Di	RIVE	☐ Ociete	name Street			-	☐ Change	Addition	
WME STREET ADDRESS CITY-ST-ZIP 2. 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 speciment and that my signature shall have the carrie (see 1.5%).	iame Treet address Ity-St-Zip	3046 - 22. 5 arasota,	nd st, 34234-874	2	NAME STREET : CITY-ST	r-ziP					

orrate and mat my signature shan have the same legal effect as it made under oath, that I am an officer or offection ocute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: