

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90087 036 ****61.25

DOCUMENT # 755108

1. Entity Name

THE LADIES AUXILIARY OF SNPJ SUNCOAST LODGE #778, INC.

Principal Place of Business

**13383 COUNTY LINE RD.
 BROOKSVILLE FL 34609
 US**

Mailing Address

**P.O. BOX 5852
 SPRINGHILL FL 34611
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

**LATIN, JOSEPHINE
 11053 BLYTHVILLE RD
 SPRINGHILL FL 34606**

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

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 PD
 NAME STAUFFER, WILMA ☐ Delete
 STREET ADDRESS 14308 EDGEKNOLL ST
 CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD
 NAME THOMAS, MARGARET ☐ Delete
 STREET ADDRESS 12499 HARKER ST
 CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME JURKOSHEK, ROSE ☐ Delete
 STREET ADDRESS 844 CHATSWORTH ST
 CITY-ST-ZIP SPRING HILL FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD
 NAME LATIN, JOSEPHINE ☐ Delete
 STREET ADDRESS 11053 BLYTHVILLE RD
 CITY-ST-ZIP SPRING HILL FL 34608

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME KEBER, ELIZABETH A ☐ Delete
 STREET ADDRESS 196 OAK LAKE DR
 CITY-ST-ZIP SPRING HILL FL 34608

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD
 NAME SOROS, ANNE ☐ Delete
 STREET ADDRESS 8642 WOODBRIDGE DR
 CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Josephine Latin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02
 Date

Daytime Phone #

CR2E037 (9/01)