

04-08-2002 90211 024 ****61.25

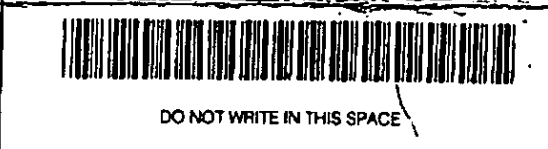
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762299
 1. Entity Name
PALL-BEARERS SOCIETY NO. 5, WEST SANFORD, INC.

Principal Place of Business Mailing Address
1604 PEACH AVENUE 1604 PEACH AVENUE
SANFORD FL 32771 SANFORD FL 32771

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 **58-2385 149** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GREENLEE, ALPHEUS E.
1604 PEACH AVENUE
SANFORD FL 32771

7. Name and Address of New Registered Agent
 Name **Elizabeth Jordan**
 Street Address (P.O. Box Number is Not Acceptable)
228 Longwood DR.
 City **Osteen** FL Zip Code **32764**

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 **Elizabeth Jordan** *President Elizabeth Jordan* DATE **6-24-02**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENLEE, ALPHEUS 1604 PEACH AVENUE SANFORD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JORDAN, ELIZABETH P.O. BOX 825 N/A OSTEER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAYLOR, ZORA MAE 1219 W. 6TH. ST. SANFORD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLACK, GERTRUDE 1501 W. 11TH STREET SANFORD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS ALFREDA J. WALLACE 904 W. 13TH ST. SANFORD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Elizabeth Jordan 228 Longwood DR Osteen FLA, 32764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Charlotte Fredrick 1001 W. 8th ST Sanford Fla, 32711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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)(f), 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: **Elizabeth Jordan** **Elizabeth Jordan** DATE **3-21-02**

CPRE037 (9/01)