

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90069 007 ****61.25

DOCUMENT # 762336

1. Entity Name

SAINT JOSEPH BAY CHAPTER #3425 OF AMERICAN ASSOC

Principal Place of Business

SENIOR CITIZEN COMMUNITY CENTER
 120 LIBRARY DRIVE
 PORT ST. JOE FL 32456
 US

Mailing Address

191 GULF PINES DRIVE
 MEXICO BCH FL 32456
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 442

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT ST. JOE

Zip

Country

Zip

Country

32456

AMERICA

4. FEI Number

95-3696105

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

CONLEY, VESTA
 134 PALM
 MEXICO BEACH FL 32410

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:
FEES 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 KNIGHT, EDWARD J.
 STREET ADDRESS 191 GULF PINES DRIVE
 CITY-ST-ZIP PORT ST. JOE FL 32456 ☒ Delete

TITLE PD
 NAME Vesta CONLEY
 STREET ADDRESS 134 PALM ST.
 CITY-ST-ZIP MEXICO BEACH, FLORIDA 32410-9524 ☒ Change ☐ Addition

TITLE VD
 NAME STOHLER, HARDY
 STREET ADDRESS 414 GULF AIRE DRIVE
 CITY-ST-ZIP PORT ST. JOE FL 32456 ☒ Delete

TITLE VD
 NAME BETTY VICKERS
 STREET ADDRESS 726 COUNTRY CLUB RD.
 CITY-ST-ZIP PORT ST. JOE, FLORIDA 32456 ☒ Change ☐ Addition

TITLE TD
 NAME EVANS, MARIE
 STREET ADDRESS 9225 COOKES AVE 109 PINWOOD DR. 32410
 CITY-ST-ZIP BEACON HILL FL 32456 MEXICO BEACH, FL. ☐ Delete

TITLE D
 NAME LAWRENCE H. CONLEY
 STREET ADDRESS 134 PALM ST.
 CITY-ST-ZIP MEXICO BEACH, FLORIDA 32410-9524 ☐ Change ☒ Addition

TITLE D
 NAME STOHLER, EVELYN
 STREET ADDRESS 414 GULFAIRE DRIVE
 CITY-ST-ZIP PORT ST JOE FL 32456 ☐ Delete

TITLE VD
 NAME EVELYN STOHLER
 STREET ADDRESS 414 GULFAIRE DRIVE
 CITY-ST-ZIP PORT ST JOE, FLORIDA 32456 ☒ Change ☐ Addition

TITLE SD
 NAME BESS, CLEO
 STREET ADDRESS 293 AVENUE C
 CITY-ST-ZIP PT ST JOE FL 32456 ☐ Delete

TITLE D
 NAME JOSEPH PETROS
 STREET ADDRESS 412 NAUTILUS DRIVE
 CITY-ST-ZIP PORT ST JOE, FLORIDA 32456 ☐ Change ☒ Addition

TITLE D
 NAME KNIGHT, GWEN
 STREET ADDRESS 191 GULF PINES DR
 CITY-ST-ZIP PT. ST. JOE FL 32456 ☐ Delete

TITLE D
 NAME PHELMA OATS
 STREET ADDRESS 138 ROBBIN, AVE.
 CITY-ST-ZIP PORT ST JOE, FLORIDA 32456 ☐ Change ☒ 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: VESTA CONLEY **RECEIVED** CONLEY JAN. 10, 2001 1-850-648-5853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)