

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766010

FILED
Mar 08, 2004
Secretary of State**Entity Name:** LUPUS FOUNDATION OF AMERICA, INC., NORTHWEST FLORIDA CHAPTER, INC.**Current Principal Place of Business:**4400 BAYOU BLVD
#22A
PENSACOLA, FL 32503**New Principal Place of Business:**1108 AIRPORT BLVD
C
PENSACOLA, FL 32504**Current Mailing Address:**PO BOX 17841
PENSACOLA, FL 32501**New Mailing Address:**PO BOX 17841
PENSACOLA, FL 32522 78**FEI Number:** 59-2269094**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ARGERSINGER, WANDA
5384 HARMONY LN.
GULF BREEZE, FL 32561 US**Name and Address of New Registered Agent:**ARGERSINGER, WANDA
5384 HARMONY LN.
GULF BREEZE, FL 32563 US

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: _____

03/08/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEE, BRENDA
Address: 3063 N 36TH AVE
City-St-Zip: MILTON, FL 32583

Title: VP () Delete
Name: KAGEN, JON
Address: 4453 SANDSIDE DR.
City-St-Zip: GULF BREEZE, FL 32563

Title: D () Delete
Name: SMITH, PATSY
Address: 4315 HICKORY SHORES BLVD.
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: NAOUM, MARTHA
Address: 1299 WOODCHUCK AVE.
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: RACH, JOANN
Address: 635 NIX ROAD
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: LETSON, PAT
Address: 3712 TIGER POINT BLVD
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LEE, BRENDA
Address: 3063 N 36TH AVE
City-St-Zip: MILTON, FL 32583

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NAOUM-RUBEN, MARTHA
Address: 1299 WOODCHUCK AVE.
City-St-Zip: PENSACOLA, FL 32504

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA R. LEE

PRES

03/08/2004

Electronic Signature of Signing Officer or Director

Date