

2000 UNIFORM BUSINESS REPORT (UBR)

4/7

FILED
May 11, 2000 8:00 am
Secretary of State

04-07-2000 90023 039 ****61.25

DOCUMENT # 766873

1. Entity Name

GREATER KEYSTONE CHAPTER #3555 OF AMERICAN ASSOC

Principal Place of Business

Mailing Address

17702 SIMMS ROAD
 ODESSA FL 33556

17702 SIMMS ROAD
 ODESSA FL 33556-4750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-3795770

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BINDER, HENRY
 17702 SIMMS ROAD
 ODESSA FL 33556

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: **P** Delete
 NAME: **SKINNER, BRUCE L**
 STREET ADDRESS: **18026 BROWN RD**
 CITY-ST-ZIP: **ODESSA FL 33556**

TITLE: **President/Director** Change Addition
 NAME: **Alene Horanzy**
 STREET ADDRESS: **227 Palm Drive**
 CITY-ST-ZIP: **Tampa FL 33612**

TITLE: **T** Delete
 NAME: **SKINNER, ELSIE**
 STREET ADDRESS: **18026 BROWN RD.**
 CITY-ST-ZIP: **ODESSA FL 33556**

TITLE: **Vice President/Director** Change Addition
 NAME: **Hilda DeVane**
 STREET ADDRESS: **13402 Pine Lake Way**
 CITY-ST-ZIP: **Tampa FL 33624**

TITLE: **D** Delete
 NAME: **JACKSON, DOROTHY**
 STREET ADDRESS: **18110 ROGERS RD**
 CITY-ST-ZIP: **ODESSA FL 33556**

TITLE: **Rec Secy/Director** Change Addition
 NAME: **Margaret Rogers**
 STREET ADDRESS: **14921 Gentilly Pl**
 CITY-ST-ZIP: **Tampa FL 33624**

TITLE: **V** Delete
 NAME: **PHILLIPS, A B**
 STREET ADDRESS: **15809 ROADALE AVE**
 CITY-ST-ZIP: **TAMPA FL 33625**

TITLE: **Corr Secy/Director** Change Addition
 NAME: **Claire Hetz**
 STREET ADDRESS: **15806 Drying Wind Dr**
 CITY-ST-ZIP: **Tampa FL 33624**

TITLE: **D** Delete
 NAME: **LUKE, NORBERT**
 STREET ADDRESS: **8902 SHELDON WEST DR**
 CITY-ST-ZIP: **TAMPA FL 33626**

TITLE: **Director** Change Addition
 NAME: **Ortha Mae Prosser**
 STREET ADDRESS: **16111 Turnbury Oak Dr**
 CITY-ST-ZIP: **Odessa FL 33556**

TITLE: **D** Delete
 NAME: **PRICE, ALICE**
 STREET ADDRESS: **9438 EDDINGS RD**
 CITY-ST-ZIP: **ODESSA FL 33556**

TITLE: **Director** Change Addition
 NAME: **Earline Legg**
 STREET ADDRESS: **14352 Shrangri La Lane**
 CITY-ST-ZIP: **Odessa FL 33556**

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:

Bruce Skinner
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/2000

813 920-6422

Date

Daytime Phone #

CR2E037 (9/99)