

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000475

1. Entity Name

NATIONAL ASSOCIATION FOR FAMILY COMMUNITY EDUCAT

Principal Place of Business

73 CAVALEER BLVD
STE 106
FLORENCE KY 41042

Mailing Address

73 CAVALEER BLVD
STE 106
FLORENCE KY 41042

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

52-6054323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



J J U U O U

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JASINSKI, GLORIA
14423 SASSANDRA DRIVE
ODESSA FL 33556-0288

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 DEWITZ, JUDY
STREET ADDRESS RR 1 BOX 82
CITY-ST-ZIP TARRPEN ND 58487 ☒ Delete

TITLE PRESIDENT
NAME HARRIET STEENSON
STREET ADDRESS 224 23rd Ave
CITY-ST-ZIP Wolbach NE 68882 ☒ Change ☐ Addition

TITLE VP
NAME MAI, MARGARET
STREET ADDRESS 1542 E 27TH ST
CITY-ST-ZIP YUMA AZ 85365-3023 ☐ Delete

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

TITLE SD
NAME COX, ANDREA
STREET ADDRESS 1390 S ROOSEVELT RD 30
CITY-ST-ZIP ROGERS NM ☒ Delete

TITLE SECRETARY
NAME BLANCHE WAGONER
STREET ADDRESS 111 STURNER
CITY-ST-ZIP BLOOMFIELD NM 87413 ☒ Change ☐ Addition

TITLE T
NAME WATERMAN, JODY
STREET ADDRESS 1872 PLAIN AVE
CITY-ST-ZIP AURORA IL 60504 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Signature Required

5/1/01

630-898-2957

CR2E037 (10/00)

NATIONAL FCE BOARD

EXECUTIVE COMMITTEE

President Harriet Steenson
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Term Expires
12/31/03

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(C) 12/31/01

NATIONAL FCE HEADQUARTERS

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(C)

TIME ZONES

C-Central, E-Eastern, H-Hawaiian, M-Mountain, P-Pacific