

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90442 017 ****61.25

DOCUMENT # N00000000644

1. Entity Name

ARMA INTERNATIONAL JACKSONVILLE CHAPTER, INC.

Principal Place of Business

Mailing Address

P.O. BOX 456
 FERNANDINA BEACH FL 32035

P.O. BOX 456
 FERNANDINA BEACH FL 32035

UUUJ1704



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 2438

City & State

City & State

JACKSONVILLE, FL

4. FFI Number

59-0690965

Applied For

Not Applicable

Zip

Country

Zip

Country

32203-2438

USA

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

COATS, ELAINE
191 NASSAU PLACE
YULEE FL 32097

Name **JOYCE A. SHIGO**

Street Address (P.O. Box Number is Not Acceptable)

15 SPYGLASS LAKE

City

POINTE VEDRA BEACH

FL

32082

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

Joyce A. Shigo

Signature, typed or printed name of registered agent or director, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 3, 2001

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	CHAIRMAN AND DIRECTOR <input type="checkbox"/> Delete
NAME	ELAINE COATS
STREET ADDRESS	191 NASSAU PLACE
CITY-ST-ZIP	YULEE, FL 32097
TITLE	PRESIDENT AND DIRECTOR <input type="checkbox"/> Delete
NAME	LINDA A. MAYERS
STREET ADDRESS	5500 SHAWLAND ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	SECRETARY AND DIRECTOR <input type="checkbox"/> Delete
NAME	JOYCE A. SHIGO
STREET ADDRESS	1301 BAY MEADOWS WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	VICE PRESIDENT AND DIRECTOR
NAME	JOHN LAZUK
STREET ADDRESS	500 WATER STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	TREASURER AND DIRECTOR <input type="checkbox"/> Delete
NAME	VIVIAN BRIDWING
STREET ADDRESS	P.O. BOX 40725
CITY-ST-ZIP	JACKSONVILLE, FL 32203
TITLE	DIRECTOR <input type="checkbox"/> Delete
NAME	DE DE OWENS
STREET ADDRESS	P.O. BOX 15085
CITY-ST-ZIP	JACKSONVILLE, FL 32232

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR HARRIETTE BRINSON
STREET ADDRESS	500 WATER STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32202

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:

Joyce A. Shigo
JOYCE A. SHIGO, SECRETARY

APRIL 3, 2001 (904) 281-3456

Date Daytime Phone #

CR2E037 (10/00)