

**2006 NOT-FOR-PROFIT CORP.
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000004618

1. Entity Name
UNITED FOOD & COMMERCIAL WORKERS UNION
LOCAL 1625, INC.



Principal Place of Business
8351 EPICENTER BLVD
LAKELAND, FL 33809-1719

Mailing Address
8351 EPICENTER BLVD
LAKELAND, FL 33809-1719



01192006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0698437	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAMBERS, EDWARD K
8351 EPICENTER BLVD
LAKELAND, FL 33809-1719

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHAMBERS, EDWARD K
STREET ADDRESS	8351 EPICENTER BLVD.
CITY-ST-ZIP	LAKELAND, FL 338091719
TITLE	D
NAME	JERKOVICH, JULEEANN
STREET ADDRESS	8351 EPICENTER BLVD
CITY-ST-ZIP	LAKELAND, FL 338091719
TITLE	D
NAME	DEASE, DEBBIE
STREET ADDRESS	8351 EPICENTER BLVD
CITY-ST-ZIP	LAKELAND, FL 338091719
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/06-80032-020 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Ed Chambers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-06

Date

Daytime Phone #

863-984-1177