2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # N00000004618

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

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

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03252008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-0698437

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000874115
04/10/08-80104-019 61.25

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 3/25/08 863-984-1177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #