

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19846

1. Entity Name

ST. CLOUD CHAPTER #4001 OF AMERICAN ASSOCIATION

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90038 016 ****61.25

Principal Place of Business

% JEANNIE HUMMEL
1015 GEORGIA AVE.
ST. CLOUD FL 34769

Mailing Address

% JEANNIE HUMMEL
1015 GEORGIA AVE.
ST. CLOUD FL 34769-3564

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

33-0177108

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

WEDDLE, PAULINE
2223 17TH ST
ST CLOUD FL 34769

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

TITLE **P** ☐ Delete
NAME **WEDDLE, PAULINE**
STREET ADDRESS **2223 17TH ST**
CITY-ST-ZIP **SAINT CLOUD FL 34769**

TITLE **V** ☐ Delete
NAME **SOKALOFF, ELLEN**
STREET ADDRESS **401 DAKOTA AVE**
CITY-ST-ZIP **SAINT CLOUD FL 34769**

TITLE **S** ☐ Delete
NAME **PARKER, MARION**
STREET ADDRESS **1600 TENNESSEE AVE**
CITY-ST-ZIP **ST CLOUD FL 34769**

TITLE **D** ☐ Delete
NAME **STEGALL, EULA BELLE**
STREET ADDRESS **508 10TH ST**
CITY-ST-ZIP **ST CLOUD FL 34769**

TITLE **T** ☐ Delete
NAME **HUMMEL, JEANNE**
STREET ADDRESS **1015 GEORGIA AVE.**
CITY-ST-ZIP **ST. CLOUD FL 34769**

TITLE **D** ☐ Delete
NAME **HUMMEL, CARL J**
STREET ADDRESS **1015 GEORGIA AVE**
CITY-ST-ZIP **ST CLOUD FL 34769**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME *President*
STREET ADDRESS *Pauline Weddle*
CITY-ST-ZIP *2223 17th St.*
St. Cloud, Fla. 34769

TITLE ☐ Change ☐ Addition
NAME *Ellen Sokaloff*
STREET ADDRESS *One Weidman, Chaplain*
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME *Olga Edman, Born Reg.*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME *Norbert Corallo, Legislature*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME *Kitchen from*
STREET ADDRESS *Louise Perkins*
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME *Kathleen St. Clair, Telephone Com*
STREET ADDRESS *Monetary Ch.*
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pauline F. Weddle 407-957-312