

2002 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Jun 02, 2002 8:00 am
Secretary of State

02-13-2002 90223 038 ****61.25

DOCUMENT # N19846

1. Entity Name

**ST. CLOUD CHAPTER #4001 OF AMERICAN ASSOCIATION
 OF RETIRED PERSONS, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

% Ethel T. Young

3. Mailing Address

% Ethel T. Young

Suite, Apt. #, etc.

1950 Running Horse Tr.

Suite, Apt. #, etc.

1950 Running Horse Tr.

City & State

St. Cloud, FL

City & State

St. Cloud, FL

Zip

34771

Country

Zip

34771

Country

4. FEI Number

33-0177108

Applied For

Not Applicable

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

LOVE, MARTHA
 1601 KISSIMMEE PARK ROAD APT 9
 SAINT CLOUD FL 34769

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 ☐ Delete
 NAME LOVE, MARTHA
 STREET ADDRESS 1601 KISSIMMEE PARK ROAD
 CITY-ST-ZIP SAINT CLOUD FL 34769

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

TITLE ☐ Delete
 NAME CLEMENTS, DIANA
 STREET ADDRESS 1815 MISSOURI AVE
 CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE ☒ Change ☐ Addition
 NAME Lovelace Perkins
 STREET ADDRESS 1414 Alabama Ave.
 CITY-ST-ZIP St. Cloud, FL 34769

TITLE ☒ Delete
 NAME DECKER, SUE
 STREET ADDRESS 119 OREGON AVE
 CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE ☐ Change ☒ Addition
 NAME Marie-Basnett
 STREET ADDRESS 6520 Bay Shore Drive
 CITY-ST-ZIP St. Cloud, FL 34771

TITLE ☒ Delete
 NAME RUMSEY, AUGUSTA
 STREET ADDRESS 5040 DISSTON DRIVE
 CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE ☒ Change ☐ Addition
 NAME Mona Skidcell
 STREET ADDRESS 2001 Pine St
 CITY-ST-ZIP St. Cloud, FL 34769

TITLE ☐ Delete
 NAME YOUNG, ETHEL
 STREET ADDRESS 1950 RUNNING HORSE TRAIL
 CITY-ST-ZIP SAINT CLOUD FL 34769 34771

TITLE ☐ Change ☐ Addition

TITLE ☒ Delete
 NAME HUMMEL, CARL J
 STREET ADDRESS 1015 GEORGIA AVE
 CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE ☐ 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: *Ethel T. Young* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02

Date

407-957-4516

Daytime Phone #

CR2E037 (9/01)