m

2000 UNIF	ORM BUSI	NESS REPOR	T (UBR)	4/1			
DOCUMENT #	FILED May 26, 2000 8:00 a						
DELAND CHAPTER	#4029 OF AMERIC	CAN ASSOCIATION OF	;	S	ecretar	y of St	tate
Principal Place of Business		Mailing Address		<u>'</u>	04-19-2000 901	00 040 ****	51.25
729-W PENNA AVE DELAND FL 32720 US		429 W PENNA AVE DELAND FL 32720-3336 US					
2. Principal Place of Busine	ss Ave.	3. Mailing Address	a Ave. Apt. N	104			
Suite, Apl. #, etc. Apt, 1404		Suite, Apt. #, etc. DELAND FL		DO NOT WRITE IN THIS SPACE			
City & State DELAND	FĹ,	City & State	S.A.	4. FEI Number 33-0	192400	Applie Not Ap	ed For opticable
Zip 32724	Volusiá	Zip 32724	Country Volusia	5. Certificate of Status	Desired	\$8.75 Addition Fee Required	naì
6. Name a	7. Name and Address of New Registered Agent						
			Name JO/		IER - CO	LE	
MORELOCK, HELEN 400 E HOYRY AVE	• =		Street Address	(P.O. Box Number is Not A AMELIA	VE Ap	t.1404	·
DELAND FL 32724			DEL	AND			
• • •	· · · · · · · · · · · · · · · · · · ·		City		FL	Zip Code 3 スク	24
8. The above named entity	submits this statement to	of the purpose of changing its re	- / 1	ered agent, or both, in the	reside	ne	
teem	11/		(Jesses)	Lille TX	5-	-12-21	000
SIGNATURE Signature, typed	or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signature requir	ed when reinstating)	DATE		-
FILE I FEE IS	- -	9. Election Campaign F Trust Fund Contribut		.00 May Be ed to Fees	Make Check Departmen		
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES		DIRECTORS IN 10	
TITLE PD		Delete		RESIDENT		[⊠ Change]	X Addition 66
NAME MORELOC				ANN K CO		-	37 (9
STREET ADDRESS AND IN LICE	MDV AME 4EAD		■ STREE AUDITESS I V	(///// / 19 /	Trr 12 Tax / 144	.⊃7~-	192

	. 1 22 10 401.23				•		Į.	
10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE *	PD	Delete	TITLE	PRESIDE		Change	Addition	
NAME	MORELOCK, HELEN		NAME	JOANN K	COLE * 1			
	400 W HOWRY AVE, #502		STREET ADDRESS	101 AMEL	IA AVE # 1	40r		
CITY-ST-ZIP	DELAND FL		CITY-ST-ZIP		FL 32724			
TITLE	VD.	∠ Delete	TITLE ',	Vice T	PRESIDENT	(X) Change	Addition	
NAME	COLE, JOAN K		NAME	HEIFO	20-0-10-			
STREET ADDRESS	101 AMELIA AVE. #1404		STREET ADDRESS	400 (0. 14	MORELOC OWRY AVE	\$ 500		
CITY-ST-ZIP	DELAND FL 32724	,	CITY-ST-ZIP	DELAND	F . 327	24		
TITLE	so Secretary	☐ Delete	TITLE			Change	Addition	
NAME	KELLEY, MARY LOIS		NAME				1	
STREET ADDRESS	821 S AMELIA AVE		STREET ADDRESS					
CITY-ST-ZIP	DELAND FL 32724		CITY-ST-ZIP					
TITLE	TD	C. + Delete	TITLE	easurer.	クトナナレ	Change	Addition	
NAME	AMMON, MARY E. Wrong 1 429 W PENNA AVE TOLING	(IIS)	NAME	AMMON 1 429 W. F	2F//]		İ	
STREET ADDRESS	429 W PENNA AVE Traine	(سے	STREET ADDRESS	429 W. F	enn Ave		}	
CITY-ST-ZIP	DELAND FL		CITY-ST-ZIP	Deland	JFL 327	<u> </u>		
TITLE	0	☐ Delete	TITLE			Change	☐ Addition	
NAME	BERGMAN, AL		NAME				ļ	
STREET ADDRESS	526 HEMINGWAY CT		STREET ADDRESS				- {	
CITY-ST-ZIP	DELAND FL 32720		CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE			Change	☐ Addition	
NAME	MOORE, BETTY		NAME				,	
STREET ADDRESS	171 N HILL AVE		STREET ADDRESS					
CITY-ST-ZIP	DELAND FL 32724		CITY-ST-ZIP	<u> </u>				

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:

7-2000 904-738-9044 SOUND THE STONE OF SIGNING OFFICER OR DIRECTOR

Betty Ammon, Treasurer Mary Lois Kelly, Secretary