

2002 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
May 28, 2002 8:00 am
Secretary of State

02-13-2002 90102 047 ****61.25

DOCUMENT # N24086

1. Entity Name

HOLMES COUNTY CHAPTER #4092 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

C/O COUNCIL ON AGING
 210 WEST KANSAS
 BONIFAY FL 32425

C/O COUNCIL ON AGING
 210 WEST KANSAS
 BONIFAY FL 32425

2. Principal Place of Business

3. Mailing Address

FRANK ANKERICH
 Suite, Apt. #, etc.
210 WEST KANSAS

Suite, Apt. #, etc.

City & State

City & State

BONIFAY FL

4. FEI Number **33-0182671**

Applied For

Not Applicable

Zip

Country **HOLMES**

32425

Country **FLORIDA**

32425

Country **FLORIDA**

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

MARTIN, HELEN
PO BOX 1081
BONIFAY FL 32425

MOVED TO MARYLAND

Name **FRANK ANKERICH**

Street Address (P.O. Box Number is Not Acceptable)
PO Box 1081 or 210 West

KANSAS ST.

City **BONIFAY Florida FL** Zip Code **32425**

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.

SIGNING FOR PRESIDENT FRANK ANKERICH

SIGNATURE **TREASURER. Odessa white** **1-28-2002**

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 **S**
 NAME **KETCHERSIDE, JEAN**
 STREET ADDRESS **P.O. BOX 1111**
 CITY-ST-ZIP **BONIFAY FL 32425**

TITLE **SECRETARY**
 NAME **1929 NORTH HWY 79**
 STREET ADDRESS **BONIFAY FL 32425**
 CITY-ST-ZIP **KETCHERSIDE 32425**

TITLE **T**
 NAME **WHITE, ODESSA**
 STREET ADDRESS **PO BOX 1235**
 CITY-ST-ZIP **BONIFAY FL 32425**

TITLE **TREASURER**
 NAME **WHITE ODESSA**
 STREET ADDRESS **2223 JOSEY ROAD**
 CITY-ST-ZIP **BONIFAY Florida 32425**

TITLE **VPD**
 NAME **PARKER, JAMIE**
 STREET ADDRESS **502 W. KANASA AV.**
 CITY-ST-ZIP **BONIFAY FL 32425**

TITLE **SZMC**

TITLE **D**
 NAME **CARROLL, DOT**
 STREET ADDRESS **2103 HWY 197**
 CITY-ST-ZIP **BONIFAY FL 32425**

TITLE **SZMC**

TITLE **PO**
 NAME **ANKERICH, FRANK**
 STREET ADDRESS **PO BOX 1081**
 CITY-ST-ZIP **BONIFAY FL 32425**

TITLE **PRESIDENT**
 NAME **ANKERICH, FRANK**
 STREET ADDRESS **210 WEST KANSAS ST.**
 CITY-ST-ZIP **BONIFAY Florida 32425**

TITLE **ANKERICH, FRANK**
 NAME **ANKERICH, FRANK**
 STREET ADDRESS **PO BOX 1081**
 CITY-ST-ZIP **BONIFAY FL 32425**

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TITLE **ANKERICH, FRANK**
 NAME **ANKERICH, FRANK**
 STREET ADDRESS **PO BOX 1081**
 CITY-ST-ZIP **BONIFAY FL 32425**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(6)(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

TREASURER Odessa white (850) 547-3814
January 28 2002 Daytime Phone #

CR2E037 (9/01)