

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44810

1. Entity Name

NORTH OKALOOSA COUNTY CHAPTER #4675 OF AMERICAN

**FILED**  
Feb 01, 2001 8:00 am  
Secretary of State

02-01-2001 90165 013 \*\*\*\*61.25

Principal Place of Business

198 SOUTH WILSON ST  
CRESTVIEW FL 32536  
US

Mailing Address

198 S WILSON ST  
CRESTVIEW FL 32536  
US

2. Principal Place of Business

198 SOUTH WILSON ST

Suite, Apt. #, etc.

3. Mailing Address

198 SOUTH VIEW

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CRESTVIEW FL

City & State

CRESTVIEW FL

4. FEI Number

52-1702055

Applied For

Not Applicable

Zip  
32536

Country  
USA

Zip  
32536

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRANCH, JOHN M  
540 RED BIRD LANE  
HOLT FL 32564

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRANCH, JOHN M 540 RED BIRD LANE HOLT FL 32564	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLEISCHER, LEE 607 MOSS DR CRESTVIEW FL 32536	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASULA, ROSANA 333 JOHN KING RD CRESTVIEW FL 32539	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANCOCK, DONNA 613 E EDNEY AVE CRESTVIEW FL 32539	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMMONS, LOETTA 108 TYNER DR CRESTVIEW FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRERCHER, SUE 6077 TERRCE LN. CRESTVIEW FL 32539	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOIS JEAN WYANT 218 SOUTHVIEW DR CRESTVIEW FL 32536	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAROLYN HAMMOCK 4181 PAINTER B CRESTVIEW FL 32539	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHANNA PETITO 209 SOUTHVIEW DR CRESTVIEW FL 32536	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

Lois Jean Wyant 12/25/01 850-682-7129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)