

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46162

1. Entity Name

PORT ST. JOHN/BREVARD COUNTY CHAPTER #4696 OF AM

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90025 029 ****61.25

Principal Place of Business

Mailing Address

5980 GILSON AVE
COCOA FL 32927
US

5980 GILSON AVE
COCOA FL 32927-8129
US

2. Principal Place of Business

3. Mailing Address

6027 CARDIFF AVE

6027 CARDIFF AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
COCOA, FL

City & State
COCOA, FL

4. FEI Number

52-1707919

Applied For

Not Applicable

Zip

Country

Zip

Country

32927

USA

32927

USA

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

SWINEHART, LOREN E
5980 GILSON AVE
COCOA FL 32927

~~EDWARD J. BIGOS~~
~~6027 CARDIFF AVE~~
~~COCOA, FL 32927~~

Name EDWARD J. BIGOS

Street Address (P.O. Box Number is Not Acceptable)
6027 CARDIFF AVE

City COCOA, FL

FL

Zip Code 32927

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

EDWARD J. BIGOS
Treasurer

Edward J. Bigos 4-28-00

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	VD	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, BRIDGETTE	
STREET ADDRESS	6280 AINSWORTH RD	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SWINEHART, LOREN E	
STREET ADDRESS	5980 GILSON AVE	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOSMER, JENNIE	
STREET ADDRESS	502 SEACREST AVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BIGOS, EDWARD S	
STREET ADDRESS	6027 CARDIFF	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORDE, URSALA	
STREET ADDRESS	6300 GOLFVIEW AVE	
CITY-ST-ZIP	COCOA FL 32927	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTER BUTLER	
STREET ADDRESS	PO BOX 249	
CITY-ST-ZIP	SHIPPOES, FL 32959	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANN CLAYTON	
STREET ADDRESS	7060 PLOTO AVE	
CITY-ST-ZIP	COCOA, FL 32927	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Edward J. Bigos EDWARD J. BIGOS
4-28-00 407-636-7234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)