## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

**DOCUMENT # N49712** 

1. Entity Name

Principal Place of Business

GREATER NORTHERN PALM BEACH CHAPTER #4736 OF AAR



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90147 047 \*\*\*\*61.25

4361 FUSCHIA CIRCLE NORTH 4361 FUSCHIA CIRCLE NORTH PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address 4361 tuschia Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 52-1758846 Applied For Beach Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DANIELS, BRUCE J Street Address (P.O. Box Number is Not Acceptable) 336 GULFVIEW DR #910 NORTH PALM BEACH FL 33408 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 3 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD DILE Stilwell Edna Kinage 4368 Fuschia Circle North Delete TITLE ☐ Addition KUIPER, ARTHUR NAME NAME 3058 GUAVA ST STREET ADDRESS STREET ADDRESS Palm Beach Gardens 71.3340 PALM BEACH GARDENS FL 33410 CITY-ST-ZIP CITY-ST-ZIP VPD VICE PRESIDENT TITLE Change Delete TITLE SCHURTZ, ORA Kuiper, Arthur NAME NAME GuaVA. 11811 AVE OF PGA-3-10 305 B STREET ADDRESS STREET ADDRESS Black Gardens 71. 33410 CITY-ST-7IP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP TITLE ☐ Delete TITLE COOK, SARAH NAME NAME 4361 FUSCHIA CIRCLE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-7tP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DANIELS, BRUCE NAME 336 GULFVIEW DRIVE #1018 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition GIANASI, CHARLES MD NAME NAME STREET ADDRESS 340 AUSTRALIAN CIRCLE STREET ADDRESS CITY-ST-ZIP LAKE PARK FL 33403 CITY-ST-ZIP TITLE ☐ Delete TITLE 50 secreta i ☐ Change **Addition** NAME NAME STREET ADDRESS STREET ADDRESS

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. with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP