

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

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90044 025 ****61.25

DOCUMENT # N94000000036

1. Entity Name

**THE ACADEMY OF PARLIAMENTARY PROCEDURE AND LAW,
INC.**



Principal Place of Business

**102 ALMOND RD
OCALA FL 34472
US**

Mailing Address

**102 ALMOND RD
OCALA FL 34472
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **69-2195066**

Applied For

Not Applicable

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

**STICKELER, CARL ANN
102 ALMOND RD
OCALA FL 34472**

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE... ☐ Delete
NAME **DT**
STREET ADDRESS **STICKELER, CARL ANN**
CITY-ST-ZIP **102 ALMOND ROAD
OCALA FL**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE... ☐ Delete
NAME **P**
STREET ADDRESS **REED, MAURICE L**
CITY-ST-ZIP **3875 JAMESTOWN
SPRINGFIELD OH 45502**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE... ☒ Delete
NAME **D**
STREET ADDRESS **BEARSS, MARY L**
CITY-ST-ZIP **14225 LAKE MAGDALENE AVE
TAMPA FL 33618**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE... ☐ Delete
NAME **VP/D**
STREET ADDRESS **COCHRAN, RENATTA**
CITY-ST-ZIP **11432 CIMARRON CIR W
LARGO FL 34644**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE... ☐ Delete
NAME **SD**
STREET ADDRESS **DILLARD, TALLIE**
CITY-ST-ZIP **3631 LOCKSLEY DRIVE
MOUNTAIN BROOK AL 35223**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE... ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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: *Carl Ann Stickeler* **REQUIRED CARL ANN STICKELER** 4/28/03 352-624-2794

CR2E037 (10/02)