

FILED
May 15, 2000 8:00 am
Secretary of State

03-24-2000 90111 042 ****61.25

DOCUMENT # N94000003398

1. Entity Name

RICHARDSON HEIGHTS CHAPTER #4951 OF AMERICAN ASS

Principal Place of Business

Mailing Address

C/O MRS. OLA JONES
 1864 KINGS RD., APT. 110
 JACKSONVILLE FL 32209-5360

C/O MRS. OLA JONES
 1864 KINGS RD., APT. 110
 JACKSONVILLE FL 32209-5360

2. Principal Place of Business

3. Mailing Address

90 Annie B Woody
 Suite, Apt. #, etc.
 8534 Addison Rd

8534 Addison Rd.
 Suite, Apt. #, etc.

City & State

City & State

JAX, Florida

Jax, FL

Zip
 32208

Country
 Duval

Zip
 32208

Country
 Duval

4. FEI Number

52-1844044

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

JONES, OLA MRS.
 1864 KINGS RD., APT. 110
 JACKSONVILLE FL 32209-5360

7. Name and Address of New Registered Agent

Name Annie B Woody
 Street Address (P.O. Box Number is Not Acceptable)
 8534 Addison Rd
 Jacksonville
 City Jacksonville FL Zip Code 32208

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 *Annie B Woody*
 Signature, typed or printed name of registered agent and title if applicable.

03-06-2000
 DATE

(NOTE) Registered Agent Signature required when reinstating

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	D	<input checked="" type="checkbox"/> Delete
NAME	MIDDLEBROOKS, FRANCES	
STREET ADDRESS	1530 W. LOGAN ST	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	DP	<input type="checkbox"/> Delete
NAME	NEWELL, MATHENIA	
STREET ADDRESS	9075 8TH AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FRAZIER, EDNA	
STREET ADDRESS	2487 N 23ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, OLA	
STREET ADDRESS	1864 KINGS ROAD, #110	
CITY-ST-ZIP	JACKSONVILLE FL 32209-1828	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAZIER, JESSIE	
STREET ADDRESS	2504 GRUNTHAL ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINA Nowell	
STREET ADDRESS	9075 8th Ave	
CITY-ST-ZIP	Jacksonville, FL 32208	
TITLE	D Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edna Frazier	
STREET ADDRESS	2487 N 23th St	
CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE	TS Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bertha Richardson	
STREET ADDRESS	1304 Whitner St	
CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE	TT Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Annie B Woody	
STREET ADDRESS	8534 Addison Rd	
CITY-ST-ZIP	Jacksonville 32208	
TITLE	D Jessie Frazier	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jessie Frazier	
STREET ADDRESS	2504 Grunthal St	
CITY-ST-ZIP	Jacksonville FL 32209	
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: *Annie B Woody*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 6, 2000
 Date
 904 768 4225
 Daytime Phone #

CR2E037 (9/99)