

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-22-2001 90130 031 ****61.25

DOCUMENT # N94000003398

1. Entity Name

RICHARDSON HEIGHTS CHAPTER #4951 OF AMERICAN ASS

Principal Place of Business

C/O ANNIE B WOODY
8534 ADDISON RD.
JACKSONVILLE FL 32208

Mailing Address

C/O ANNIE B WOODY
8534 ADDISON RD.
JACKSONVILLE FL 32208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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



6. Name and Address of Current Registered Agent

**WOODY, ANNIE B
8534 ADDISON RD
JACKSONVILLE FL 32208**

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	DP	<input checked="" type="checkbox"/> Delete
NAME	NEWELL, MARTINA	
STREET ADDRESS	9075 6TH AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FRAZIER, EDNA	
STREET ADDRESS	2487 N 23ST	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	TS	<input type="checkbox"/> Delete
NAME	RICHARDSON, BERTHA	
STREET ADDRESS	1304 WHITNER ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32209-1828	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRAZIER, JESSIE	
STREET ADDRESS	2504 GRONTHAL ST	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOODY, ANNIE B	
STREET ADDRESS	8534 ADDISON RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Cummings	
STREET ADDRESS	3123 Ribault Scenic Dr.	
CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	asst. sec	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Evelyn Spann	
STREET ADDRESS	2573 Minrose St	
CITY-ST-ZIP	Jacksonville, FL 32209	
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		

CR2E037 (10/00)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Annie B Woody

Date

03/03/01

Daytime Phone #

904-764-8676