

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005188

1. Entity Name

MELBOURNE/PALM BAY ALUMNAE CHAPTER DELTA SIGFMA

Principal Place of Business

1494 DORAL COURT. N.E.
PALM BAY FL 32905

Mailing Address

1494 DORAL COURT. N.E.
PALM BAY FL 32905

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, PEARL CROSBY
550 SOUTH COCOA BOULEVARD
COCOA FL 32922

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

After September 12, 2001, min. will be \$236.25

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
NAME PD
STREET ADDRESS HALL, CLARISSA E
CITY-ST-ZIP 1494 DORAL COURT, N.E.
PALM BAY FL 32905 ☐ Delete

TITLE
NAME VPD
STREET ADDRESS JACKSON, EDNA
CITY-ST-ZIP 808 E. LINE STREET
MELBOURNE FL 32901 ☐ Delete

TITLE
NAME SD
STREET ADDRESS BOATWRIGHT, GLORIA
CITY-ST-ZIP 325 EAST UNIVERSITY, #26
MELBOURNE FL 32907 ☐ Delete

TITLE
NAME TD
STREET ADDRESS HAYNES, DE EDRA F
CITY-ST-ZIP 3306 MEADOWRIDGE DR
MELBOURNE FL 32901 ☐ Delete

TITLE
NAME D
STREET ADDRESS SMITH, PEARL CROSBY
CITY-ST-ZIP 550 SO. COCOA BLVD.
COCOA FL ☐ Delete

TITLE
NAME D
STREET ADDRESS GILLESPIE, BEATRICE
CITY-ST-ZIP 690 CARIBBEAN ROAD
SATTELLITE BEACH FL 32937 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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:

De Edra Haynes (De Edra Haynes) 8/20/01 321-984-5486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90001 048 ****61.25

A0082753



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)