

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90229 025 ****61.25

DOCUMENT # **N96000002071**

1. Entity Name

PATRICK OFFICERS' WIVES' WELFARE FUND, INC.



Principal Place of Business

**100 ALAMANDA BLDG 3655
PATRICK AIR FORCE BASE FL 32925**

Mailing Address

**PO BOX 254736
PATRICK AIR FORCE BASE FL 32925
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3365487**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUCK, STELLA
100 ALAMANDA
BLDG 3655
PATRICK AIR FORCE BASE FL 32925**

7. Name and Address of New Registered Agent

Name

Caroline Chamon

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

Caroline E Chamon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 12, 2003

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

| | | |
|----------------|--|--|
| TITLE | DP | <input checked="" type="checkbox"/> Delete |
| NAME | BUCK, STELLA | |
| STREET ADDRESS | 4770 SEMINOLE TRAIL | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32953 | |
| TITLE | DV | <input checked="" type="checkbox"/> Delete |
| NAME | LOVETT, LISA | |
| STREET ADDRESS | 663 HEATHERSTONE DR | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32953 | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete |
| NAME | RITZ, FELICIA | |
| STREET ADDRESS | 1918 BARRINGTON CIRCLE | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955 | |
| TITLE | DT | <input checked="" type="checkbox"/> Delete |
| NAME | PITMAN, DEAN | |
| STREET ADDRESS | 438 HAWTHORNE CT | |
| CITY-ST-ZIP | INDIAN HARBOUR BEACH FL 32937 | |
| TITLE | DRS | <input checked="" type="checkbox"/> Delete |
| NAME | SUFLAR, HELENE | |
| STREET ADDRESS | 2203 ATLANTIC STREET, #723 | |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Chamon, Caroline | |
| STREET ADDRESS | 80 N. Oak Drive | |
| CITY-ST-ZIP | Satellite Bch FL 32937 | |
| TITLE | DV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Lupone, Naomi | |
| STREET ADDRESS | 3212 Cauthen Creek Dr | |
| CITY-ST-ZIP | Melbourne FL 32935 | |
| TITLE | DRS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Sellers, Kim | |
| STREET ADDRESS | 1785 Curlew Court | |
| CITY-ST-ZIP | Viera FL 32955 | |
| TITLE | DT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Jamesal Maurten | |
| STREET ADDRESS | 2711 Little Bend Place | |
| CITY-ST-ZIP | Merritt Island FL 32952 | |
| TITLE | DCT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Reichel, Gussie | |
| STREET ADDRESS | 2285 Bent Pine St | |
| CITY-ST-ZIP | Melbourne FL 32935 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E037 (10/02)

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:

Gussie Reichel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

12 Feb 2003

(321) 255-6976