

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

02-21-2002 90131 004 ****70.00
 09-11-2002 90065 043 ****61.25

DOCUMENT # N96000002450

1. Entity Name

PATRICK OFFICERS' WIVES' CLUB, INC.

Principal Place of Business

100 ALAMANDABLDG 3655
 PATRICK A F B FL 32925

Mailing Address

100 ALAMANDABLDG 3655
 PATRICK A F B FL 32925
 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

PO Box 254736

Suite, Apt. #, etc.

City & State

PATRICK AFB, FL

4. FEI Number

59-3365479

Applied For

Not Applicable

Zip

Country

Zip

Country

32925

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KUHLMAN, BRITTA
100 ALAMANDA BLDG 3655
PATRICK A F B FL 32925

7. Name and Address of New Registered Agent

Name

Carol L Thompson

Street Address (P.O. Box Number is Not Acceptable)

300 Columbia Dr. #2503

City

Cape Canaveral

FL

Zip Code

32920

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

Carol L Thompson

Carol L. Thompson

6 Sept. 2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	KUHLMAN, BRITTA	
STREET ADDRESS	875 LOGGERHEAD ISLAND DR	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	CAPPS, JUDY	
STREET ADDRESS	675 CARIBBEAN RD	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BYRON, B.J.	
STREET ADDRESS	158 ST CROIX AVE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	PITTMAN, DEAN	
STREET ADDRESS	438 HAWTHORNE COURT	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	MILLER, CINDY	
STREET ADDRESS	90-A POINCIANA DR	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL THOMPSON	
STREET ADDRESS	300 COLUMBIA DRIVE #2503	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLINE CHARRON	
STREET ADDRESS	80 N. OAK DRIVE	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOAMI LUPONE	
STREET ADDRESS	3212 CAUTHEN CREEK DRIVE	
CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIM SELLARS	
STREET ADDRESS	1785 CURLEW COURT	
CITY-ST-ZIP	VIERA, FL 32955	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAUREEN JAMESON	
STREET ADDRESS	2711 LITTLE BEND PLACE	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUSIE REICHEL	
STREET ADDRESS	2285 BENT PINE	
CITY-ST-ZIP	MELBOURNE, FL 32935	

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:

Maureen Jameson **MAUREEN JAMESON** **6 Sept 2002** **321-459-1964**

CR2E037 (4/02)