

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

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90135 024 \*\*\*\*61.25

0075240

**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

**PO BOX 254736  
PATRICK A F B 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

4. FEI Number **59-3365479**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, CAROL E  
300 COLUMBIA DR #2503  
CAPE CANAVERAL FL 32920**

7. Name and Address of New Registered Agent

Name

**CAROLINE CHARRON**

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

**80 N OAK DRIVE**

**SATELLITE BEACH,**

City

**FL**

Zip Code

**32937**

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 C Charron*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*April 21, 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** ☒ Delete  
NAME **THOMPSON, CAROL**  
STREET ADDRESS **300 COLUMBIA DR #2503**  
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE **DV** ☐ Delete  
NAME **CHARRON, CAROLINE**  
STREET ADDRESS **80 N OAK DRIVE**  
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **DV** ☐ Delete  
NAME **LUPONE, NOAMI**  
STREET ADDRESS **3212 CAUTHEN CREEK DRIVE**  
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **DS** ☐ Delete  
NAME **SELLARS, KIM**  
STREET ADDRESS **1785 CURLEW COURT**  
CITY-ST-ZIP **VIERA FL 32955**

TITLE **DT** ☐ Delete  
NAME **JAMESON, MAUREEN**  
STREET ADDRESS **2711 LITTLE BEND PLACE**  
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **DT** ☐ Delete  
NAME **REICHEL, GUSSIE**  
STREET ADDRESS **2285 BENT PINE**  
CITY-ST-ZIP **MELBOURNE FL 32935**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DP** ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Maureen Jameson* **SIGNATURE REQUIRED JAMESON** *April 15, 2003 (321) 459-1964*

CR2E037 (10/02)