

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005250

1. Entity Name

ST. LUCIE COUNTY CHAPTER OF THE WOMENS COUNCIL O

Principal Place of Business

4972 S 25TH ST
FT. PIERCE FL 34981-5009

Mailing Address

4972 S 25TH ST
FT. PIERCE FL 34981-5009

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 65-0816965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENSON, DEBBIE
1626 SW TAURUS LANE
PORT SAINT LUCIE FL 34984

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
NAME CROWE, DEBBIE
STREET ADDRESS 4888 N KINGS HWY
CITY-ST-ZIP FORT PIERCE FL 34951 ☒ Delete

TITLE DV
NAME CALVERT, JOYCE L
STREET ADDRESS 1007 GRAND VIEW BLVD
CITY-ST-ZIP FORT PIERCE FL ☒ Delete

TITLE PED
NAME JENSON, DEBI
STREET ADDRESS 1626 SW TAURUS LN
CITY-ST-ZIP PORT ST LUCIE FL 34984 ☒ Delete

TITLE DS
NAME ADAMS, TONYA
STREET ADDRESS 920 SE BAYFRONT AV
CITY-ST-ZIP PORT ST LUCIE FL 34983 ☒ Delete

TITLE DT
NAME KING, AGNES
STREET ADDRESS 2274 5TH CT SE
CITY-ST-ZIP VERO BEACH FL 32962 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P D
NAME Tonya Adams
STREET ADDRESS 2355 SE Seafury Ln.
CITY-ST-ZIP Port St. Lucie, Fl. 34952 ☐ Change ☒ Addition

TITLE PE D
NAME Sheri Egler
STREET ADDRESS 909 Midway Rd.
CITY-ST-ZIP Ft. Pierce, Fl. 34982 ☐ Change ☒ Addition

TITLE VP
NAME Carmen Pappa
STREET ADDRESS 1740 St. Lucie West Blvd.
CITY-ST-ZIP Port St. Lucie, Fl. 34982 ☐ Change ☒ Addition

TITLE T
NAME Ron Ansara
STREET ADDRESS 2731 SE Morningside Blvd.
CITY-ST-ZIP Port St. Lucie, Fl. 34952 ☐ Change ☒ Addition

TITLE S D
NAME Ken Walmach
STREET ADDRESS 513 Sunnybrook Terr.
CITY-ST-ZIP Port St. Lucie, Fl. 34983 ☐ Change ☒ Addition

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

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

2/28/01 561.337.3444
Date Daytime Phone

3.
FILED
Mar 20, 2001 8:00 am
Secretary of State

03-02-2001 90030 002 ****61.25

31658



DO NOT WRITE IN THIS SPACE

CP2E037 (10/00)