

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

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90099 037 ****61.25

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1. Entity Name

JOE NIC BARCO MEMORIAL POST AUXILIARY, INC.



Principal Place of Business

IDA M PONTON
8350 E DERBY OAKS DR
FLORAL CITY FL 34436

Mailing Address

IDA M PONTON
8350 E DERBY OAKS DR
FLORAL CITY FL 34436

2. Principal Place of Business

Same

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3213394**

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

PONTON, IDA M
8350 E DERBY OAKS DR
FLORAL CITY FL 34436

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ida M. Ponton

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **CHAFFIN, BRENDA**
STREET ADDRESS **12633 S FLORIDA AVE**
CITY-ST-ZIP **FLORAL CITY FL 34436**

TITLE **PD Sherrod Ellen** ☒ Change ☐ Addition
NAME **8360 S. Cove Pt.**
STREET ADDRESS **Floral City, Fl. 34436**
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **HATTON, BARBARA**
STREET ADDRESS **87 OSCELA ST**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **VD Marsh Patricia** ☒ Change ☐ Addition
NAME **11515 S. Turner Ave.**
STREET ADDRESS **Floral City, Fl. 34436**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MARSH, PATRICIA**
STREET ADDRESS **11515 S TURNER AVE**
CITY-ST-ZIP **FLORAL CITY FL 34436**

TITLE **VD Ziemendorf Carole** ☒ Change ☐ Addition
NAME **6348 E. Waverly St.**
STREET ADDRESS **Inverness, Fl. 34452**
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **PONTON, IDA M**
STREET ADDRESS **8350 E. DERBY OAKS DR.**
CITY-ST-ZIP **FLORAL CITY FL 34436**

TITLE **TD Same** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **FERGERSON, LYNN**
STREET ADDRESS **8360 S COVE ST**
CITY-ST-ZIP **FLORAL CITY FL 34436**

TITLE **SD Same** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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:

SIGNATURE REQUIRED Ida M Ponton

1-352-627-0267

CR2E037 (10/02)