

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

02-24-2003 90977 006 ***61.25

DOCUMENT # N98000000524

1. Entity Name

SENIORS AND LAWENFORCEMENT TOGETHER, INC.



Principal Place of Business

Mailing Address

**1250 EGLIN PARKWAY
SHALIMAR FL 32579-2307**

**1250 EGLIN PARKWAY
SHALIMAR FL 32579-2307**

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 **NOT APPLICABLE**

☐ 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

**FLEET, H. BART
1201 EGLIN PARKWAY
SHALIMAR FL 32579**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Delete
NAME **WILSON, JAMES**
STREET ADDRESS **510 NEWCASTLE DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **MD** ☐ Change ☒ Addition
NAME **Kathleen Larney**
STREET ADDRESS **376 CHALOOSA Rd.**
CITY-ST-ZIP **FL Walton Bch. FL 32548**

TITLE **VPD** ☐ Delete
NAME **INGEBORG, NICHOLS**
STREET ADDRESS **14 BIRCH AVE**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **DP** ☒ Change ☐ Addition
NAME **Ingeborg Nichols**
STREET ADDRESS **14 Birch Ave**
CITY-ST-ZIP **Shalimar FL 32579**

TITLE **TD** ☒ Delete
NAME **SAWTER, JAMES**
STREET ADDRESS **502 DONNA AVENUE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Toby Tobiasen**
STREET ADDRESS **6 Chikamauga Ln.**
CITY-ST-ZIP **Destin. FL. 32541**

TITLE **S** ☒ Delete
NAME **SHELLEY, JERRI**
STREET ADDRESS **120 MICHAEL AVE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **S** ☐ Change ☒ Addition
NAME **Allen London**
STREET ADDRESS **22 Pebble Beach Dr.**
CITY-ST-ZIP **Shalimar FL 32579**

TITLE **DT** ☒ Delete
NAME **DOHERTY, GAYLENE**
STREET ADDRESS **915 SHALIMAR PT DR**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **DT** ☐ Change ☐ Addition
NAME **Shelley Jerri**
STREET ADDRESS **120 Michael Ave**
CITY-ST-ZIP **FL Walton Beach FL 32547**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)