

2000 UNIFORM BUSINESS REPORT (UBR)

5/30

FILED

Jun 29, 2000 8:00 am
Secretary of State

05-30-2000 90045 009 ****61.25

DOCUMENT # N98000004696

1. Entity Name

ANNUNCIATION 30 + SINGLES, INC.

Principal Place of Business

ANNUNCIATION CHURCH
974 MONTGOMERY RD
ALTAMONTE SPRINGS FL

Mailing Address

P O BOX 160613
ALTAMONTE SPRINGS FL 32716-0613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

59-3586823

4. FEI Number

APPLIED FOR

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

SPRING, SHERRY
2607 HOLLY RD
WINTER PARK FL 32792-6002

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PIAZZA, ANGELO R	
STREET ADDRESS	880 WESLEY CIRCLE #202	
CITY-ST-ZIP	APOKA FL 32703	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HATFIELD, ROGER F	
STREET ADDRESS	1220 BEATRICE DR	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HAMMERSCHMIDT, SUSAN	
STREET ADDRESS	368-103 WATERSIDE DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FRIEL, SHAY	
STREET ADDRESS	447 MEANDER DR N	
CITY-ST-ZIP	ALTAMONTE SPRGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER J. LEONARD	
STREET ADDRESS	1121 MEADOW LAKE WY	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN NEUBAUER	
STREET ADDRESS	102 STONE HABLE CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORRAINE LADUKE	
STREET ADDRESS	1057 FALCON ST	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIMEE MULERO	
STREET ADDRESS	102 STONE HABLE CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Aimee Mulero*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-00 (407) 327-5265

Date

Daytime Phone #

CR2E037 (9/99)