

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90167 002 ****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**

00045999



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3586823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

JEAN CRENSHAW

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

548 OLYMPIC VILLAGE #12

City

ALTAMONTE SPRINGS

FL

Zip Code

32714

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)

4-27-01

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 ☒ Delete
 NAME **PD DEGENNARD, PETER**
 STREET ADDRESS **1121 MEADOW LAKE WY**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☒ Delete
 NAME **VD NEUBAUER, JOHN**
 STREET ADDRESS **102 STONE GABLE CIRCLE**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☒ Delete
 NAME **SD LADUKE, LORRAINE**
 STREET ADDRESS **1057 FALCON ST**
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☒ Delete
 NAME **TD MULERO, AIMEE**
 STREET ADDRESS **102 STONE GABLE CIRCLE**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME **PD GERALD HOIST**
 STREET ADDRESS **2932 COVE TRAIL**
 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☒ Change ☐ Addition
 NAME **VD JO LOMBARDI**
 STREET ADDRESS **6114 WEST GATE DR #1305**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☒ Change ☐ Addition
 NAME **SD DONNA M JACOBS**
 STREET ADDRESS **2916 HARBOUR GRACE CT**
 CITY-ST-ZIP **APOPKA FL 32761**

TITLE ☒ Change ☐ Addition
 NAME **PD JEAN M CRENSHAW**
 STREET ADDRESS **548 OLYMPIC VILLAGE #12**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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

JEAN CRENSHAW
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01
 Date

407.671.8757
 Daytime Phone #

CR2E037 (10/00)