2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000909

1. Entity Name

JOHN L. SNOOK RETIRED AND SENIOR VOLUNTEER PROGR

05-22-2000 90012 004 ****61.25
N99000000909

FILED
00 OCT 16 PM 1:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
35 LAKE MORTON DR. LAKELAND FL 33801	35 LAKE MORTON DR. LAKELAND FL 33801-5342

2. Principal Place of Business	3. Mailing Address
1237 E Orange St	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland FL	City & State
Zip: 33801 Country: US	Zip Country

4. FEI Number 59-3557227 ☐ 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
GITHENS, STEVE 1212 GEORGE JENKINS BLVD. LAKELAND FL 33815	Name: Timothy M. Ervolina Street Address (P.O. Box Number is Not Acceptable): 1237 E Orange St City: Lakeland **FL** Zip Code: 33801

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: _____ Timothy M. Ervolina
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUFFMAN-DAILEY, SHELIA 1415 COMMERCIAL PARK DR. LAKELAND FL 33801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ERVOLINA, TIM P.O. BOX 1357 N/A HIGHLAND CITY FL 33846	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHILIPSON, CAROLE 1324 LAKELAND HILLS BLVD. LAKELAND FL 33805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GITHENS, STEVE 1212 GEORGE JENKINS BLVD. LAKELAND FL 33815	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition **SP**

CR2E037 (9/99)

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: _____ REQUIRED Timothy M. Ervolina 863-648-1500
Signature of, and typed or printed name of signing officer or director Date Daytime Phone #