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

DOCUMENT # N9900001691



Mar 26, 2003 8:00 am Secretary of State 03-26-2003 90120 020 ****61.25

FILED

. Entity Name	ANT MARINES CHAPTER, INC.			
rincipal Place of Business	Mailing Address			
9 S.W. WENTWORTH STREET	889 S.W. WENTWORTH STREET			

SEBASTIAN FL	SEBASTIAN FL 32958	I FL 32958								
		La Mailine Address								
2. Principal Place of Business 3. Ma		3. Mailing Address	ailing Address							
Suite, Apt. #, etc. Suite,		Suite, Apt. #, etc.	, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State City & State						4. FEI Number NOT APPLICABLE Applied For Not Applicable				
Zip	Country Zip		Cou	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					
	o. Name and Address of Current	Hogistelde Agent		Name						
MATTHEWS, GALE H 889 S.W. WENTWORTH STREET SEBASTIAN FL 32958				Street Address (P.O. Box Number is Not Acceptable)						
			. دریہ جست	City FL Zip Code						
	named entity submits this statement folions of registered agent.	r the purpose of changing its	registere	ed office or	registere	ed agent, or both, in t	he State of Florida. Ta	am familiar with, a	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	d Agent signati	ure required	when reinstating)	DA	ſE		
FILE NOW: FEE IS \$61.25 9. Election Campaig Trust Fund Contri			-			\$5.00 May Be Added to Fees		eck Payable s partment of S		
.5 10.	OFFICERS AND DII	RECTORS	11.	_ 		ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	10	
TITLE	P	☐ Delete	TITLE	درات	VP	<u> </u>		Change	Addition	
NAME .	VERCRUYSSE, GEORGE		NAM	Ē	JOMI	DES, PETER				
STREET ADDRESS	78 SAN LUIS OBISPO			ET ADDRESS	8775	20TH ST. L	OT 606			
CITY-ST-ZIP	FORT PIERCE FL 34951		CITY	-ST-ZIP	VERO	BEACH, FL	32966-6920		(7)	
TITLE	VP	™ Delete	TITLE		S			Change	Addition	
NAME	O'ROURKE, ROBERT	**	NAM		MARG	E BRADY				
STREET ADDRESS	1973 SW MOCKINGBIRD LANE			et address - St-Zip	329	N.E. CULLMA	N CT.			
CITY-ST-ZIP	PALM CITY FL 34990		_		PORT	ST. LUCIE,	FL 34983	☐ Change	Addition	
TITLE	D PONTON	🔀 Delete	TITLE		D			□ Gliange	Addition	
NAME	TURNER, BRINTON		NAM STRE	et address		IONY DATTALO	ı			
STREET ADDRESS CITY-ST-ZIP	8100 SE PRUITT RD G-102 PORT SAINT LUCIE FL 34952		1	-ST-ZIP		BOX 1302	7 0/050			
	T T T T T T T T T T T T T T T T T T T	☐ Delete	TITLE		D D	EN BEACH, F	L 34958	Change	■ Addition	
TITLE	MATTHEWS, GALE	□ Delete	- NAM			ELL_HASKINS			-	
NAME STREET ADDRESS	889 SW WENTWORTH ST	فتنسب والمادين ويريتهما		ET ADDRESS	2805	11TH AVE.	<mark>ئىسىنىداسىچى</mark> دىنى - سايىد ئ			
CITY-ST-ZIP	SEBASTIAN FL 32958		CITY	-ST-ZIP		BEACH, FL	32960			
TITLE	D	 Delete	TITLI		D			Change	Addition	
NAME	BRADY, JOHN F	*/	NAM			EVELYN				
STREET ADDRESS	329 NE CULLMAN CT	 	STRE	ET ADDRESS		GLENCOVE ST				
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983		CITY	-ST-ZIP	SEBA	STIAN, FL 3	2958-4423			
TITLE	D		TITLI		D>			☐ Change	🔀 Addition	
NAME	STILLE, GINGER		NAM	E	SHER	IDAN, GEORG	E			
STREET ADDRESS	92-92 DUNCAN ST		STRE	ET ADDRESS	3100	NORTH AlA	- APT PHC -	1		
CITY-ST-ZIP	HOBE SOUND FL 33455		CITY	-ST-ZIP	NORT	H HUTCHINSO	N ISLAND			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 100 (36). Florida statutes 3.0 ther 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

3-24-03

772-589.7625