

**Area 14**

**District Committee Chair Change Form**

To be forwarded to Area 14 Registrar to make updates to General Service Office records  
Please provide as much information as possible

<b>Area</b>	<b>14</b>	<b>District Service Number</b>		<b>Date</b>	
<b>District</b>		<b>Language of District:</b>	English __ Spanish __ French __		

**Outgoing District Committee Chair**

**Incoming District Committee Chair**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Receive Area 14 Minutes by: Email  USPS

**Outgoing District Committee Chair**

**Incoming District Committee Chair**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Receive Area 14 Minutes by: Email  USPS

**Outgoing District Committee Chair**

**Incoming District Committee Chair**

**NAME OF COMMITTEE:** \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Receive Area 14 Minutes by: Email  USPS

**Signature**  
**DCM:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_

**Return this form to North Florida Registrar:**

**Registrar**  
**PO Box 372926**  
**Satellite Beach, FL 32937**  
**or**  
**registrar@aanorthflorida.org**

**(This form is unique to Area 14, Please do not send it to GSO.)**