

2002 UNIFORM BUSINESS REPORT (UBR)

21

FILED
Apr 03, 2002 8:00 am
Secretary of State

02-21-2002 90146 010 ****61.25

DOCUMENT # 725995

1. Entity Name

PORT RICHEY - HUDSON CHAPTER #1357 OF AMERICAN ASSOCIATION OF RETIRED PERSONS INC

Principal Place of Business

Mailing Address

13815 CALIDA AVE
 HUDSON FL 34667

13815 CALIDA AVE
 HUDSON FL 34667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7265395

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

BARNES, HELEN
13815 CALIDA AVE
HUDSON FL 34667

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** *President* Delete
 NAME **BARNES, HELEN**
 STREET ADDRESS **13815 CALIDA AVE**
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** *Secretary* Delete
 NAME **GALLOWAY, RITA**
 STREET ADDRESS **7116 BOP ELDER DRIVE**
 CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE *Vice President* Change Addition
 NAME **JUANITA ROGERS**
 STREET ADDRESS **7521 TYSON DRIVE**
 CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **SD** *Secretary* Delete
 NAME **HAMMOND, LORETTA**
 STREET ADDRESS **11324 LEISURE LANE**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE *Secretary* Change Addition
 NAME **ESTHER WOODWORTH**
 STREET ADDRESS **11325 LEISURE LANE**
 CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **TD** *Director / Treasurer* Delete
 NAME **RECH, LOUISETTE**
 STREET ADDRESS **16130 FROST DRIVE**
 CITY-ST-ZIP **HUDSON FL 34667-4157**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **L** Delete
 NAME **TORNOW, FRED**
 STREET ADDRESS **9204 BROOKER DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE *PUBLIC RELATIONS* Change Addition
 NAME **WILLIAM HOELTZER**
 STREET ADDRESS **13815 CALIDA AVE.**
 CITY-ST-ZIP **HUDSON, FL 34667** *Director*

TITLE **M** Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE *MEMBERSHIP* Change Addition
 NAME **TERESA DOWNING**
 STREET ADDRESS **13735 SAN JUAN AVE.**
 CITY-ST-ZIP **HUDSON, FL 34667** *Director*

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/02
 Date

Daytime Phone #

CR2E037 (9/01)