


Annual Report Fee 2007 Annual Report 2007
 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

07 APR 27 PM 3:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **725995**

1. Corporation Name
Port Richey-Hudson Chapter 1357 of AARP, Inc.

300103092573
 05/23/07--01009--001 **61.25

CR2E081 (12/05)

07

3. Mailing Office Address
7212 Cheshire Court

Suite, Apt. #, etc. **Note: (new address)**

City & State
Hudson, FL

Zip Country Zip Country
34667 Pasco

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **23-7265395**

6. CERTIFICATE OF STATUS DESIRED **\$875 Additional Fee required for a Certificate of Status**

Applied For
 Not Applicable

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City State Zip Code
Plantation FL 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	<i>Helen Barnes</i>	<i>7212 Cheshire Court</i>	<i>Hudson, FL 34667</i>
Vice Pres.	<i>Juanita Rogers</i>	<i>7521 Lyson Drive</i>	<i>Port Richey, FL 34668</i>
Sec.	<i>Loreta Hammond</i>	<i>7800 Venice Drive</i>	<i>Port Richey, FL 34668</i>
Treas.	<i>Louise Reck</i>	<i>16130 Frost Drive</i>	<i>Hudson, FL 34667</i>
Member	<i>Theresa Downing</i>	<i>13735 San Juan Ave.</i>	<i>Hudson, FL 34667</i>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath

SIGNATURE: *Louise Reck - Treasurer* Date *4/17/07* (222) 869-8153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR