

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725995

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: PORT RICHEY - HUDSON CHAPTER #1357 OF AARP, INC.

**Current Principal Place of Business:**

7212 CHESHIRE COURT  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

7212 CHESHIRE COURT  
HUDSON, FL 34667

**New Mailing Address:**

FEI Number: 23-7265395      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BARNES, HELEN  
Address: 7212 CHESHIRE COURT  
City-St-Zip: HUDSON, FL 34667

Title: VP ( ) Delete  
Name: ROGERS, JUANITA  
Address: 7521 TYSON DRIVE  
City-St-Zip: PORT RICHEY, FL 34668

Title: T ( ) Delete  
Name: RECH, LOUISETTE  
Address: 16130 FROST DRIVE  
City-St-Zip: HUDSON, FL 34667

Title: S ( ) Delete  
Name: SMITH, WINIFRED B  
Address: 8121 MOCKERNUT LANE  
City-St-Zip: PORT RICHEY, FL 34668

Title: MEMB ( ) Delete  
Name: DOWNING, THERESA  
Address: 13735 SAN JUAN AVENUE  
City-St-Zip: HUDSON, FL 34667

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUISETTE RECH

T

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date