


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

FILED 02-17-2003 90162 044 ****61.25
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TALLAHASSEE, FLORIDA

DOCUMENT # 725995			
1. Entity Name <i>Chapter</i> PORT RICHEY - HUDSON CHAPTER #1357 OF AARP, INC.			
Principal Place of Business 13815 CALIDA AVE HUDSON FL 34667		Mailing Address 13815 CALIDA AVE HUDSON FL 34667	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 23-7265395		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Louise Reck</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		SIGNATURE <i>Allen Barnes - President</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE		DATE	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, HELEN	NAME	
STREET ADDRESS	13815 CALIDA AVE	STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, JUANITA	NAME	
STREET ADDRESS	7521 TYSON DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34668	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WECKWERTH, ESTHER	NAME	
STREET ADDRESS	11325 LEISURE LANE	STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34668	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RECH, LOUISETTE	NAME	
STREET ADDRESS	18130 FROST DRIVE	STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667-4157	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOELTER, WILLIAM	NAME	
STREET ADDRESS	13815 CALIDA AVE.	STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUNING, TERESA	NAME	
STREET ADDRESS	13735 SAN JUAN AVE.	STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	CITY-ST-ZIP	
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: <i>Louise Reck</i>		SIGNATURE: <i>Allen Barnes</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
DATE		DATE <i>2/13/03</i>	
Daytime Phone #		Daytime Phone #	

CR2E037 (10/02)