## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 25, 2007 8:00 am Secretary of State DOCUMENT # NO1000004521 1. Entity Name 04-25-2007 90178 007 \*\*\*\*61.25 LAKE MARY CHAPTER #4878 OF AARP, INC. Principal Place of Business Mailing Address 911 WALLACE COURT 548 CLUB COURT LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCDONNELL, BEVERLY Street Address (P.O. Box Number is Not Acceptable) 548 CLUB COURT LAKE MARY FL 32746 City 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. Mc Vonhell, TREasurer Beverly McDonnell SIGNATURE Signature, typed of ormited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. · OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete HILLE TITLE ☐ Addition Change NAMI MCDONNELL, BEVERLY NAME STREET ADDRESS STREET ADDRESS **548 CLUB COURT** CITY-ST-7IP CITY-ST-ZIP LAKE MARY FL 32746 HILE ☐ Delete THE Change Addition NAME FRUCH, DOLORES NAME STREET ADDRESS 312 OLD MARY COVE STREET ADDRESS CITY-ST-ZIP CHY-ST-7IE LAKE MARY FL 32746 Delete De 1 st VICE- PRES. 1VP TITLE Change Addition NAME YAT FOX NAMI DOUGLAS, JOSEPHINE 275 W. Lakeview Ave. STREET ADDRESS STREET ADDRESS 28 STONE GATE S CITY-ST-7IP CITY-ST-7IP Fla. 32746 LONGWOOD FL 32779 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CHY-ST-70P MILE ☐ Delete HHE Change Addition NAM! NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

CHY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

HILL

NAMI

SIGNATURE:

CITY - ST- ZIP

STREET ADDRESS

CHY-ST-ZIP

DILE

NAME

☐ Delete

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOWN = 11 April 11, 2007

407-330-0324

Change

Addition

**FILED**