

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90221 041 ****61.25

DOCUMENT # N24281	
1. Entity Name EAST TALLAHASSEE CHAPTER #3996 OF AARP, INC.	

Principal Place of Business 1511 BOWMAN DR. TALLAHASSEE FL 32308 US	Mailing Address 1511 BOWMAN DR. TALLAHASSEE FL 32308 US
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50019910



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3201 Miccosukee Rd. Suite, Apt. #, etc. Apt. 5-C City & State Tallahassee FL Zip 32308 Country USA	3. Mailing Address 3201 Miccosukee Rd. Suite, Apt. #, etc. Apt. 5-C City & State Tallahassee FL Zip 32308 Country USA
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4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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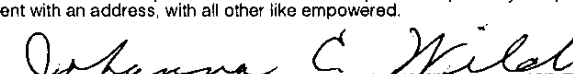
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324

7. Name and Address of New Registered Agent 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 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 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME HAMM, HERBERT STREET ADDRESS 1511 BOWMAN DR. CITY-ST-ZIP TALLAHASSEE FL 32308	☐ Delete	TITLE P NAME Carol Wortham STREET ADDRESS 3201 Miccosukee Rd. Apt. 5-C CITY-ST-ZIP Tallahassee FL 32308	☒ Change ☐ Addition
TITLE VP NAME MRAZ, MILDRED STREET ADDRESS 4045 BELLINGTON COURT CITY-ST-ZIP TALLAHASSEE FL 32317	☐ Delete	TITLE VP NAME Jacquelyn Cole STREET ADDRESS 3271 Emerson Ln. CITY-ST-ZIP Tallahassee FL 32317	☒ Change ☐ Addition
TITLE S NAME HAYES, HAZEL STREET ADDRESS 1460 BENT WILLOW DRIVE CITY-ST-ZIP TALLAHASSEE FL 32311	☐ Delete	TITLE S NAME Johanna Wilde STREET ADDRESS 9601 Miccosukee Rd. #29 CITY-ST-ZIP Tallahassee FL 32309	☒ Change ☐ Addition
TITLE T NAME EHLERT, ALLEN STREET ADDRESS 4034 DELVIN AVE. CITY-ST-ZIP TALLAHASSEE FL 32309	☐ Delete	TITLE T NAME Johanna Wilde STREET ADDRESS 9601 Miccosukee Rd. #29 CITY-ST-ZIP Tallahassee FL 32309	☐ Change ☐ Addition
TITLE D NAME WILDE, JOHANNA STREET ADDRESS 9601 MICCOSUKEE RD. CITY-ST-ZIP TALLAHASSEE FL 32309	☐ Delete	TITLE D NAME John Word STREET ADDRESS 2430 Oakdale St. CITY-ST-ZIP Tallahassee FL 32312	☒ Change ☐ Addition
TITLE D NAME HAMM, PEARL STREET ADDRESS 1511 BOWMAN DR CITY-ST-ZIP TALLAHASSEE FL 32312	☐ Delete	TITLE D NAME Jeanne Newberry STREET ADDRESS 816 Piedmont Dr. CITY-ST-ZIP Tallahassee FL 32312	☒ Change ☐ Addition

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:  2/22/05 850-656-7413 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR