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.

50019910

1st MOORE CR2E037 (10/04)

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

2. Principal Place of Business	3. Mailing Address
3201 Miccosukee Rd.	3201 Miccosukee Rd.
Suite, Apt. #, etc.: Apt. 5-C	Suite, Apt. #, etc.: Apt. 5-C
City & State: Tallahassee FL	City & State: Tallahassee FL
Zip: 32308 Country: USA	Zip: 32308 Country: USA

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAMM, HERBERT 1511 BOWMAN DR. TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Carol Wortham 3201 Miccosukee Rd. Apt. 5-C Tallahassee FL 32308	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MRAZ, MILDRED 4045 BELLINGTON COURT TALLAHASSEE FL 32317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Jacquelyn Cole 3271 Emerson Ln. Tallahassee FL 32317	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HAYES, HAZEL 1460 BENT WILLOW DRIVE TALLAHASSEE FL 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Johanna Wilde 9601 Miccosukee Rd. #29 Tallahassee FL 32309	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T EHLERT, ALLEN 4034 DELVIN AVE. TALLAHASSEE FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Johanna Wilde 9601 Miccosukee Rd. #29 Tallahassee FL 32309	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILDE, JOHANNA 9601 MICCOSUKEE RD. TALLAHASSEE FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John Word 2430 Oakdale St. Tallahassee FL 32312	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMM, PEARL 1511 BOWMAN DR TALLAHASSEE FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jeanne Newberry 816 Piedmont Dr. 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: Johanna C Wilde 2/22/05 850-656-7413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #