

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

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90061 015 ****61.25

DOCUMENT # N24281

1. Entity Name

EAST TALLAHASSEE CHAPTER #3996 OF AARP, INC.



Principal Place of Business

**9601 MICCOSUKKEE RD.
#29
TALLAHASSEE FL 32309
US**

Mailing Address

**9601 MICCOSUKKEE RD.
#29
TALLAHASSEE FL 32309
US**

2. Principal Place of Business

1511 BOWMAN DR.

3. Mailing Address

1511 BOWMAN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL.

City & State

TALLAHASSEE, FL.

Zip

32308

Country

U.S.

Zip

32308

Country

U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT 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

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILDE, JOHANNA C 9601 MICCOSUKKEE RD. TALLAHASSEE FL 32309	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MR. MILDRED 4045 BELLINGTON COURT TALLAHASSEE FL 32317	☐ Delete
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	T HENSON, FRANCIS J 1229 MITCHELL AVE TALLAHASSEE FL 32303	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMM, HERBERT 1511 BOWMAN DR TALLAHASSEE FL 32312	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMM, PEARL 1511 BOWMAN DR TALLAHASSEE FL 32312	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERBERT HAMM 1511 BOWMAN DR. TALLAHASSEE - FL. - 32308	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALAN EHLERT 4034 DELVIN AV. TALLAHASSEE, FL. 32309	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHANNA WILDE 9601 MICCOSUKKEE RD. TALLAHASSEE, FL. 32309	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: **HERBERT HAMM** **REQUIRE HERBERT HAMM MAR 6. 03 850-942 1087**

CR2E037 (10/02)