2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2022
Secretary of State
4443668423CC

DOCUMENT# 768254

Entity Name: ALTAMONTE SPRINGS CHAPTER #3578 OF AARP, INC.

Current Principal Place of Business:

727 LITTLE WEKIVA CIRCLE
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

727 LITTLE WEKIVA CIRCLE
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 95-3827768

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER, TREASURER
Name	BLACKWELL, RUTH
Address	727 LITTLE WEKIVA CIRCLE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DIRECTOR
Name	PARSONS, GEORGE
Address	252 SPARTAN DRIVE
City-State-Zip:	MAITLAND FL 32751

Title	SECRETARY
Name	FREDER, CLARA
Address	414 WESTCHESTER DRIVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	DIRECTOR
Name	GANO, GENEVIA
Address	430 WEKIVA RAPIDS DR.
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	VP
Name	FREDER, BILL
Address	414 WESTCHESTER DRIVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	DIRECTOR
Name	COMPTON, DOTTIE
Address	626 WOODLEY ROAD
City-State-Zip:	MAITLAND FL 32751

Title	PRESIDENT
Name	BLACKWELL, DAVID
Address	727 LITTLE WEKIVA CIRCLE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DIRECTOR
Name	PARSONS, FLORENCE
Address	252 SPARTAN DRIVE
City-State-Zip:	MAITLAND FL 32751

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RUTH BLACKWELL TREASURER 01/27/2022

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	IACOVAZZI, GENEVIEVE
Address	211 ESPLANADE WAY #109
City-State-Zip:	CASSELBERRY FL 32707