


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 702174	
1. Entity Name ORLANDO CENTRAL FLORIDA CHAPTER #18 OF AARP, INC.	

Principal Place of Business BEARDALL SR CTR 800 S. DELANEY AVE. ORLANDO, FL 32801 US	Mailing Address 787 CALIFORNIA WOS CR ORLANDO, FL 32824 US
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07012004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6209761	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINSLOW, BEAUTY 625 LAKE DOT CIR APT 805 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, NORMAN 1202 OVERLAKE AVE. ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIR, LUCILLE 1909 N. HARRISON ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOZNAK, JOAN 787 CALIFORNIA WOODS CR ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, MARY 1214 BAHAMA DR ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

07/07/04-80033-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 any attachment with an address, with all other like empowered.

SIGNATURE: Mary Moore (MARY MOORE) 3 July 04 407-898-1498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #