

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 10, 2004 08:00 AM
Secretary of State

DOCUMENT # 711109

1. Entity Name

RAINBOW LAKES CHAPTER #357 OF AARP, INC.



Principal Place of Business

4000 DEEPWATER CT.
DUNNELLON FL 34431-3818

Mailing Address

4000 DEEPWATER CT.
DUNNELLON FL 34431-3818

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6196209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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, 2004

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 DT
NAME GENTRY, EILEEN
STREET ADDRESS 3675 S.W. POMPANO
CITY-ST-ZIP DUNNELLON FL 34431 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000000044667
02/11/04-80029-015 61.25

TITLE VD
NAME MANDEL, ARTHUR G
STREET ADDRESS 21251 SW PLANTATION
CITY-ST-ZIP DUNNELLON FL 34431 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME STEPHENSON, DALE
STREET ADDRESS 4963 S.W. 196TH AVE.
CITY-ST-ZIP DUNNELLON FL 34431 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME ROESKI, BONNIE
STREET ADDRESS 20420 SW RHIN, 130 W LKS BLVD
CITY-ST-ZIP DUNNELLON FL 34431 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME HILDITCH, IRMA
STREET ADDRESS 4606 SW CHANNEL HEIGHTS
CITY-ST-ZIP DUNNELLON FL 34431 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME KNOBLOCK, CATHERINE
STREET ADDRESS 30685 SW BEACH BLVD
CITY-ST-ZIP DUNNELLON FL 34431 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an attachment with an address, with all other like empowered.

SIGNATURE: DALE F. STEPHENSON Dale F. Stephenson 2-5-04 352-489-1574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #