

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711109

FILED
Jun 24, 2009
Secretary of State

Entity Name: RAINBOW LAKES CHAPTER #357 OF AARP, INC.

Current Principal Place of Business:

4000 DEEPWATER CT.
DUNNELLON, FL 344313818

New Principal Place of Business:

23759 N.W. COLUMBINE AV.
DUNNELLON, FL 34431

Current Mailing Address:

4000 DEEPWATER CT.
DUNNELLON, FL 344313818

New Mailing Address:

23759 N.W. COLUMBINE AV.
DUNNELLON, FL 34431

FEI Number: 59-6196209 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: GENTRY, ROBERT
Address: 3675 S.W. POMPANO
City-St-Zip: DUNNELLON, FL 34431

Title: PD () Delete
Name: MANDEL, ARTHUR G
Address: 21251 SW PLANTATION
City-St-Zip: DUNNELLON, FL 34431

Title: SD () Delete
Name: LAUBLE, BETTY ROSE
Address: 21667 SW RAIN TREE
City-St-Zip: DUNNELLON, FL 34431

Title: TD () Delete
Name: LUSK, EMORY
Address: 2759 NW COLUMBINE
City-St-Zip: DUNNELLON, FL 34431

Title: D () Delete
Name: HILDITCH, IRMA
Address: 4606 SW CHANNEL HEIGHTS
City-St-Zip: DUNNELLON, FL 34431

Title: D () Delete
Name: KNOBLOCK, CATHERINE
Address: 30685 SW BEACH BLVD
City-St-Zip: DUNNELLON, FL 34431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: LUSK, EMORY
Address: 23759 NW COLUMBINE
City-St-Zip: DUNNELLON, FL 34431

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EMORY J. LUSK

TD

06/24/2009

Electronic Signature of Signing Officer or Director

Date