

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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90229 009 ****61.25

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

**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	DT	<input type="checkbox"/> Delete
NAME	GENTRY, EILEEN	
STREET ADDRESS	3675 S.W. POMPANO	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MANDEL, ARTHUR G	
STREET ADDRESS	21251 SW PLANTATION	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STEPHENSON, DALE	
STREET ADDRESS	4963 S.W. 196TH AVE.	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	IANNOTTI, GLADYS	
STREET ADDRESS	18925 SW 104TH PL	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILDITCH, IRMA	
STREET ADDRESS	4606 SW CHANNEL HEIGHTS	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOBLOCK, CATHERINE	
STREET ADDRESS	30685 SW BEACH BLVD	
CITY-ST-ZIP	DUNNELLON FL 34431	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNIEROSKI	
STREET ADDRESS	20420 SW RAINBOW LAKES BLVD	
CITY-ST-ZIP	DUNNELLON, FL 34431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

Dale F. Stephenson **DALE F. STEPHENSON** 2.12.03

352-489-1574

CR2E037 (10/02)