

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

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90038 038 ****70.00

DOCUMENT # 711137

1. Entity Name

**GREATER NEW PORT RICHEY CHAPTER #434 OF AARP,
INC.**



Principal Place of Business

**ASBURY UNITED METHODIST CHURCH
4204 THYS ROAD
NEW PORT RICHEY FL 34653
US**

Mailing Address

**1024 CHELSEA LANE
HOLIDAY FL 34691
US**

94014963



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

5106 MECASLIN DR

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY

Zip

Country

4. FEI Number

59-1874694

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 ROAD
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
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

TITLE NAME	P PETER, SYLVIA	<input type="checkbox"/> Delete
STREET ADDRESS	1024 CHELSEA LN	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE NAME	DBM MARTINO, GILDA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3321 LANARK DR	
CITY-ST-ZIP	HOLIDAY FL 34961	
TITLE NAME	CTS GHALLAGHER, JUNE	<input type="checkbox"/> Delete
STREET ADDRESS	3720 YELLOW BIRD DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE NAME	DBM GRONDAHL, ANDREW	<input type="checkbox"/> Delete
STREET ADDRESS	5030 SERENE SQUARE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE NAME	DBM GRONDAHL, VERA	<input type="checkbox"/> Delete
STREET ADDRESS	5030 SERENE SQUARE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE NAME	S DAMASO, BETTY	<input type="checkbox"/> Delete
STREET ADDRESS	5100 MECASLIN DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VICE PRESIDENT BEVERLY BURCHILL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	861 EGRET LANE	
CITY-ST-ZIP	TARPON SPRINGS - FLA 34689	
TITLE NAME	BOARD MEMBER JEANNE MOZINGO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4438 TERRY LOOP	
CITY-ST-ZIP	NEW PORT RICHEY FLA 34652	
TITLE NAME	ANDREW + VERA GRONDAHL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5030 SERENE SQUARE	
CITY-ST-ZIP	NEW PORT RICHEY FLA 34653	
TITLE NAME	BOARD MEMBERS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Andrew + Vera Grondahl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/04

Date

Daytime Phone #