


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90030 002 \*\*\*\*61.25

<b>DOCUMENT # 711137</b> 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 5106 MECASLIN DR. NEW PORT RICHEY, FL 34653 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1874694	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
34653		PASCO		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C-T-CORPORATION-SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P PETER, SYLVIA 1024 CHELSEA LN HOLIDAY, FL 34691	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTS HART, VIOLET 4322 MANKEAT LANE NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURCHELL, BEVERLY 861 EGRET LANE TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM LINNIN, ROSLYN 3820 SAIL MAKER LANE HOLIDAY, FL 34691	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTS GHALLAGHER, JUNE 3720 YELLOW BIRD DRIVE NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM YOUNG, ANGELINA 5649 RIVERVIEW DR. NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM GRONDAHL, ANDREW 5030 SERENE SQUARE NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM GRONDAHL, VERA 5030 SERENE SQUARE NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAMASO, BETTY 5100 MECASLIN DR NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE 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: <u>Peter M. Sylvia Jr.</u> PETER M. SYLVIA, JR. 7-27-05 (727) 842-9906					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					