

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711137

FILED
Apr 07, 2009
Secretary of State

Entity Name: GREATER NEW PORT RICHEY CHAPTER #434 OF AARP, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

3820 SAIL MAKER LN
HOLIDAY, FL 34691 US

New Mailing Address:

FEI Number: 59-1874694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: P () Delete
Name: HRUBIAK, IRENE
Address: 6207 EMERSON DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: V () Delete
Name: ERICKSON, VIOLA
Address: 5851 BERKFORD DR
City-St-Zip: HOLIDAY, FL 34690

Title: CTS () Delete
Name: DUDIES, ROSE
Address: 1003 FOUNTAIN COURT
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: DBM () Delete
Name: PARKS, STANLEY
Address: 15690 CENTURY
City-St-Zip: HUDSON, FL 34667

Title: DBM () Delete
Name: YOUNG, ANGELINA
Address: 5648 RIVERVIEW DR.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S () Delete
Name: LINNEN, ROSLYN
Address: 3820 SAILMAKER LANE
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BLETHROAD, HARRY E
Address: 5842 SEA FOREST DRIVE
City-St-Zip: HOLIDAY, FL 34652

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

Title: CTS (X) Change () Addition
Name: DUDICS, ROSE
Address: 1003 FOUNTAIN COURT
City-St-Zip: NEW PORT RICHEY, FL 34654

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

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: ROSLYN LINNEN

S

04/07/2009

Electronic Signature of Signing Officer or Director

Date