

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

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90106 003 \*\*\*\*61.25

**DOCUMENT # 711137**

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**3625 RICHBORO DRIVE  
HOLIDAY FL 34691  
US**

**60020948**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**1024 CHELSEA LANE**

Suite, Apt. #, etc.

City & State

**HOLIDAY FLORIDA**

Zip

**34691**

Country

**FLA**

4. FEI Number **59-1874694**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

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**

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 **P** ☒ Delete  
NAME **BROWN, CHARLES**  
STREET ADDRESS **3625 RICHBORO DRIVE**  
CITY-ST-ZIP **HOLIDAY FL 34691-1163**

TITLE **DBM** ☐ Delete  
NAME **MARTINO, GILDA**  
STREET ADDRESS **3321 LANARK DR**  
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE **CTS** ☐ Delete  
NAME **GHALLAGHER, JUNE**  
STREET ADDRESS **3720 YELLOW BIRD DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **DBM** ☐ Delete  
NAME **GRONDAHL, ANDREW**  
STREET ADDRESS **5030 SERENE SQUARE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **DBM** ☐ Delete  
NAME **GRONDAHL, VERA**  
STREET ADDRESS **5030 SERENE SQUARE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **PETRA SYLVIA**  
STREET ADDRESS **1024 CHELSEA LANE**  
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **BETTY DAMASO**  
STREET ADDRESS **5106 MEGASLIN DR**  
CITY-ST-ZIP **NEW PORT RICHEY FLA 34692**

TITLE **MEMBERSHIP SECRETARY** ☐ Change ☐ Addition  
NAME **MARGARET BECK**  
STREET ADDRESS **3554 CALERA DR**  
CITY-ST-ZIP **NEW PORT RICHEY FLA - 34692**

TITLE **BOARD MEMBER** ☐ Change ☒ Addition  
NAME **BEATRICE LIVOTE**  
STREET ADDRESS **9100 DRESDEN LANE**  
CITY-ST-ZIP **PORT RICHEY FLA 34668**

TITLE **BOARD MEMBER** ☐ Change ☒ Addition  
NAME **ROBERT LIVOTE**  
STREET ADDRESS **9100 DRESDEN LANE**  
CITY-ST-ZIP **PORT RICHEY FLA 34668**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
NAME **RICHARD SCOTT**  
STREET ADDRESS **6006 LAFAYETTE ST**  
CITY-ST-ZIP **NEW PORT RICHEY FLA 34652**

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: **PETRA SYLVIA PRESIDENT** *Petra Sylvia* 4-16-2003 842-9906

CR2E037 (10/02)