


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90029 001 ****61.25

DOCUMENT # 711355					
1. Entity Name CHARLOTTE CHAPTER #80 OF AARP, INC.					
Principal Place of Business ROYAL PALM RETIREMENT CENTRE 2500 AARON ST. PORT CHARLOTTE, FL 33952-5298			Mailing Address C/O TESS CANJA 1166 WINSTON ST PORT CHARLOTTE, FL 33952		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0412245	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		01042005 Chg-NP CR2E037 (10/03)			
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 RD. PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANJA, TESS		NAME		
STREET ADDRESS	1166 WINSTON ST		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, NAOMI		NAME	Dr. Mukunda Rao	
STREET ADDRESS	3283 ELKCAM BLVD		STREET ADDRESS	1503 Suzi St.	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGINNIS, DAN		NAME	Ruth Beecher	
STREET ADDRESS	15550 BURNT STORE ROAD #24		STREET ADDRESS	21193 Chatburn	
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLOSS, HILDRED		NAME	Richard Valera	
STREET ADDRESS	25944 AYSEN DRIVE		STREET ADDRESS	3141 Silkwood Lane	
CITY-ST-ZIP	PUNTA GORDA, FL 33983		CITY-ST-ZIP	Port Charlotte, FL 33953	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTHER, ORMES		NAME	Gloria Heisler	
STREET ADDRESS	2000 FORREST NELSON BLVD.		STREET ADDRESS	110 Colonial SE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	T	<input type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OBRIECHT, DON		NAME		
STREET ADDRESS	20432 KINDER KEMAC AVE		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		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>Jess Canja</u>		Date: <u>1/4/2005 (941) 624-005</u>		(0105)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		City/State Phone #	