

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 JUN -5 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



05032007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box #		3. Mailing Address 304 Waterside Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Port Charlotte FL	
Zip		Zip 33954	
Country		Country	
4. FEI Number 59-0412245		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. 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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 14, 2007		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	DP CANJA, TESS 1166 WINSTON ST PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Toni Ruggieri 304 Waterside Street Port Charlotte, FL 33954 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RAO, MUKUNDA DR 1503 SUZI ST PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Gloria Heisler 110 Colonial SE Port Charlotte, FL 33952 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BEECHER, RUTH 21193 CHARBURN PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Carol Dunekirchen 21257 Peray Avenue Port Charlotte, FL 33952 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALERA, RICHARD 3141 SILKWOOD LN PORT CHARLOTTE, FL 33953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Legislative Robert Pearse 133 Graham Street, Port Charlotte, FL 33952 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HEISLER, GLORIA 110 COLONIAL SE PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Health Beth Anne Algie P.O. Box 494983, Port Charlotte, FL 33949 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DEPUY, JOSEPHINE 21248 CHATBURN PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900104424259 06/15/07--01021--018 **\$61.25
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>TONI RUGGIERI Toni Ruggieri</u>		Date: <u>original 3/7/2007</u> <u>5/18/2007</u> Daytime Phone #: <u>941 979 8621</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

BA. Williams JUN - 5 2007