

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90041 034 \*\*\*\*61.25

<b>DOCUMENT # 711432</b> 1. Entity Name <b>GAINESVILLE, FLORIDA CHAPTER #363 OF AARP, INC.</b>					
Principal Place of Business <b>1001 NW 34 ST. GAINESVILLE FL 32605</b>			Mailing Address <b>3816 SOUTHWEST SIX PLACE GAINESVILLE FL 32607</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-6194135</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAIVE, HAROLD W		NAME	JOE GESSINESS	
STREET ADDRESS	1716 NORTHWEST TERRACE		STREET ADDRESS	4530 NORTHWEST 21 DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32609		CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	P	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GESSINESS, JOE		NAME	GARY LEGROW	
STREET ADDRESS	4530 NORTHWEST 21 DRIVE		STREET ADDRESS	13707 SOUTHWEST 1ST LANE	
CITY-ST-ZIP	GAINESVILLE FL 32605		CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEDERMAN, CLAIRE		NAME	CLAIRE LEDERMAN	
STREET ADDRESS	3816 SOUTHWEST SIX PLACE		STREET ADDRESS	3816 SOUTHWEST 6TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32607		CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORRANCE, WANDA		NAME	WANDA DURRANCE	
STREET ADDRESS	4818 NORTHWEST 33 TERRACE		STREET ADDRESS	4818 NORTHWEST 33rd Terrace	
CITY-ST-ZIP	GAINESVILLE FL 32605		CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Claire Lederman

2/6/06

(352) 373-4461