

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 711432**

1. Entity Name

**GAINESVILLE, FLORIDA CHAPTER #363 OF AARP,  
INC.**



Principal Place of Business

**1001 NW 34 ST.  
GAINESVILLE FL 32605**

Mailing Address

**3816 SOUTHWEST SIX PLACE  
GAINESVILLE FL 32607**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

**59-6194135**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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 reissuing)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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 ☐ Delete  
NAME **V**  
STREET ADDRESS **LEGROW, GARY**  
CITY-STATE-ZIP **13707 SOUTHWEST 1ST LANE  
NEWBERRY FL 32669**

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **GESSINESS, JOE**  
CITY-STATE-ZIP **4530 NORTHWEST 21 DRIVE  
GAINESVILLE FL 32605**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **LEDERMAN, CLAIRE**  
CITY-STATE-ZIP **3816 SOUTHWEST SIX PLACE  
GAINESVILLE FL 32607**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **DORRANCE, WANDA**  
CITY-STATE-ZIP **4818 NORTHWEST 33 TERRACE  
GAINESVILLE FL 32605**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **U00000644011**  
CITY-STATE-ZIP **03/02/07-80025-017 61.25**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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:

*Opal Lee*

2/19/07

(352) 373-4461