

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90772 010 ****61.25

DOCUMENT # 720288

1. Entity Name

MERRITT ISLAND CHAPTER #756 OF AARP, INC.



Principal Place of Business

**300 S. SYKES CREEK PKWY
807C
MERRITT ISLAND FL 32952
US**

Mailing Address

**300 S. SYKES CREEK PKWY
807C
MERRITT ISLAND FL 32952
US**

2. Principal Place of Business

1835 S. ATLANTIC AVE

3. Mailing Address

1835 S. ATLANTIC AVE.

Suite, Apt. #, etc.

701

Suite, Apt. #, etc.

701

City & State

COCOA BEACH, FL.

City & State

COCOA BEACH, FL.

Zip

32931

Country

BREVARD

Zip

32931

Country

BREVARD



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **23-7097944**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEMS
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

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	D	<input checked="" type="checkbox"/> Delete
NAME	KAOFMANN, JOHN H	
STREET ADDRESS	300 S. SYKES CREEK PKWY	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	S	<input type="checkbox"/> Delete
NAME	THULKE, INGRID	
STREET ADDRESS	245 INLET AVENUE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	T	<input type="checkbox"/> Delete
NAME	FABLINGER, GLENICE A.	
STREET ADDRESS	300 S SYKES CRK PKWY #704	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THULKE, HERMAN	
STREET ADDRESS	245 INLET AVE.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REGAR, ALLENE W	
STREET ADDRESS	4872 SUPERIOR DRIVE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	DT	<input type="checkbox"/> Delete
NAME	NEVITT, GEORGETTE	
STREET ADDRESS	4020 COTTONWOOD CIRCLE	
CITY-ST-ZIP	COCOA FL 32926	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON JOHN	
STREET ADDRESS	1835 S. ATLANTIC AVE #701	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

John J. Anderson
JOHN J. ANDERSON

CR2E037 (10/02)