

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90043 013 ****61.25

DOCUMENT # 723213

1. Entity Name

SEMINOLE CHAPTER #936 OF AARP, INC.



Principal Place of Business

Mailing Address

C/O KINNEY MARGIE ANN
131 BLUFFVIEW DR #105
BELLEAIR BLUFFS FL 33770-1331
US

C/O KINNEY MARGIE ANN
131 BLUFFVIEW DR #105
BELLEAIR BLUFFS FL 33770-1331
US

94032238



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7178005

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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
Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **COOKSON, JUNE**
STREET ADDRESS **10239 SATSUMA RD.**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **VPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Delete
NAME **HANN, DORIS**
STREET ADDRESS **5970 80TH ST. N. #301**
CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE **PD** ☐ Change ☒ Addition
NAME **MARLEA A. CANTLIN**
STREET ADDRESS **5725 90th ST. N. #414**
CITY-ST-ZIP **ST. PETERSBURG, FL 33709**

TITLE **SD** ☐ Delete
NAME **STALA, PEGGY**
STREET ADDRESS **8490 75TH PL N**
CITY-ST-ZIP **SEMINOLE FL 33777**

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

TITLE **CSD** ☐ Delete
NAME **GRUBER, MARY**
STREET ADDRESS **9209 SEMINOLE BLVD., #144**
CITY-ST-ZIP **SEMINOLE FL 33772**

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

TITLE **TD** ☐ Delete
NAME **LARSON, DORIS**
STREET ADDRESS **10200 122ND AVE. N. #3152**
CITY-ST-ZIP **LARGO FL 33773**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Marlea A. Cantlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 9, 2004

Date

727-546-7119

Daytime Phone #