

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

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 725995

1. Entity Name

PORT RICHEY - HUDSON CHAPTER #1357 OF AARP,
INC.



Principal Place of Business

13815 CALIDA AVE
HUDSON FL 34667

Mailing Address

13815 CALIDA AVE
HUDSON FL 34667

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

23-7265395

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 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

TITLE **P** ☐ Delete
NAME **BARNES, HELEN**
STREET ADDRESS **13815 CELIDA AVE**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **VP** ☐ Delete
NAME **ROGERS, JUANITA**
STREET ADDRESS **7521 TYSON DRIVE**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **S** ☐ Delete
NAME **WECKWERTH, ESTHER**
STREET ADDRESS **11325 LEISURE LANE**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **TD** ☐ Delete
NAME **RECH, LOUISETTE**
STREET ADDRESS **18130 FROST DRIVE**
CITY-ST-ZIP **HUDSON FL 34667-4157**

TITLE **D** ☐ Delete
NAME **HOELTER, WILLIAM**
STREET ADDRESS **13815 CELIDA AVE.**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **D** ☐ Delete
NAME **DOUNING, TERESA**
STREET ADDRESS **13735 SAN JUAN AVE.**
CITY-ST-ZIP **HUDSON FL 34667**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **U00000076613**
CITY-ST-ZIP **03/05/04-80010-001 61.25**

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

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

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

TITLE ☐ Change ☐ Addition
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)(f), 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: *Louise Rech* *Thomas* *3/1/04* *(222) 869-8153*