2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #726430



FILED Apr 26, 2005 8:00 am Secretary of State

	1. Entity Name VERO BEACH CHAPTER # 1406 OF AARP, INC.							04-26-2005	90146 03:	3 ****61	.25
PO BOX 6702 PO I			PO B	ailing Address 0 B0X 6702 ERO BCH, FL 32961-6702			L 200 (11) (100 (10)	1618 Elly diese ATA Est	n Ribil Alby Clan	RIBN SIRN SISI	1681 El (681)
2. Principal Place of Business 3. Ma			3. Mail	Mailing Address							
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			04042005	Chg-NP	CR2E037	7 (10/03)	
City & State			Cit	City & State			4. FEI Number 23-7273284			_ 	plied For Applicable
Zip		Country	Zip		Coun	try	5. Certificate of	of Status Desired		8.75 Add ee Required	
	6. Name a	and Address of Curre	int Registere	d Agent		Nome	7. Name and	Address of New F	Registered A	gent_	
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 trife if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	Signature, typed o	or printed name of registered ag	pent and title if app	licable. (NOT:	E: Registered	Agent signature required	d when reinstating)		DATE		
į	Filing Fee	e is \$61.25 ay 1, 2005	gent and title if app	9. Election Car Trust Fund (mpaign Fin	ancing	\$5.00 May Be Added to Fees	, 1	DATE Make check rida Departi		
10.	Filing Fee	e is \$61.25		9. Election Car	mpaign Fin	nancing n. 🔲	\$5.00 May Be Added to Fees ADDITIONS/CHA	Floi	Make check rida Departr RS AND DIRI	ment of St	ate 10
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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.

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