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

Mailing Address

DOCUMENT # 726430

1. Entity Name

Principal Place of Business

SIGNATURE:

VERO BEACH CHAPTER # 1406 OF AARP, INC.



FILED Jan 30, 2003 8:00 am Secretary of State 01-30-2003 90163 035 ****61.25

PO BOX 6702 VERO BCH FL 32961-6702			PO BOX 6702 VERO BCH FL 32961-6702								
2. Principal P	lace of Busin	ess	3. Mailing Address			_					
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			<u></u>	CHECK HERE IF MAKING CHANGES				
0: 10:			0:-0:-	City I Class			500				
City & State			City & State			4. FEI Number 23-		-7273284 	—	Applied For Not Applicable	
Zip		Country	، د د س <u>رت</u> و درو Zip	Country	~	5. Certificate of Status Desired					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Street Address (P.O. Box Number is Not Acceptable) City Li Zip Code						
	ions of regist		the purpose of changing its		ffice or reg			he State of Florida	rL		
ı	FILE NOW	FEE IS \$61.25	9. Election Can Trust Fund C	. •	cing		May Be to Fees		Check Payabl Department o	I	
10.		OFFICERS AND DIRI	ECTORS	11.				S TO OFFICERS A	AND DIRECTORS	IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIBBS, LEI 620 16 AVI VERO BEA		∑S Delete	TITLE NAME STREET AD CITY-ST-Z	nnson #	resident arry Ta 12 Date 200 Beach	ylor Palm Rd. R. FC 32°	963	[∑] Changa	e 🔲 Addition	
NAME		AMES RBOR.LN FL 34949-8328	☐ Delete	TITLE NAME STREET AD CITY-ST-Z	DRESS - · ·	<u>.</u>	-		☐ Change	Addition	
	T Taylor, H 712 date Vero bea		□ Delete	TITLE NAME STREET ADI	DRESS 3	onan C. 200 N.F t.Piera	Savery 71A, #210 ie, FL 31	1949	⊠ Chang	e Addition	
NAME	D Maureen, 4654 38 A' Vero Bea		☐ Delete	TITLE NAME STREET ADI CITY-ST-Z	· ·		, 'L		☐ Change	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL 1527 40TH VERO BEA		☐ Delete	TITLE NAME : STREET ADI CITY-ST-Z	1		Ē		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADI CITY-ST-Z	1				☐ Change	Addition	
indicated of the corr	on this report poration or th	or supplemental report is t receiver or trustee empoy	his filing does not qualify for rue and accurate and that m vered to execute this report a th all other like empowered.	iv signature s	shall have.	the same le	dal effect as if	made under oath:	that I am an office	er or director	