

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90178 043 \*\*\*\*61.25

**DOCUMENT # 728945**

1. Entity Name

**SOUTH PUTNAM COUNTY CHAPTER #1664 OF AARP,  
INC.**



Principal Place of Business

**126 HIGHLAND AVE  
LAKE COMO FL 32157  
US**

Mailing Address

**PO BOX 54  
LAKE COMO FL 32157  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2943759**

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

**STACK, YVONNE  
123 EUCLID AVE  
LAKE COMO FL 32157**

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, 2005**

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 **V** ☒ Delete  
NAME **WEIGHT, LAVANE**  
STREET ADDRESS **2809 S HIGHWAY 17**  
CITY-ST-ZIP **CRESCENT CITY FL 32112**

TITLE **D** ☐ Delete  
NAME **ANDES, JOHN**  
STREET ADDRESS **RT 1 BOX 180**  
CITY-ST-ZIP **POMONA PARK FL 32181**

TITLE **T** ☐ Delete  
NAME **STACK, YVONNE**  
STREET ADDRESS **123 EUCLID AVE**  
CITY-ST-ZIP **LAKE COMO FL 32157**

TITLE **D** ☐ Delete  
NAME **SKAGGS, WM**  
STREET ADDRESS **RT 3 BOX 208**  
CITY-ST-ZIP **CRESCENT CITY FL 32112**

TITLE **S** ☒ Delete  
NAME **WILLIAMS, JEAN**  
STREET ADDRESS **107 RIVER RD**  
CITY-ST-ZIP **SATSUMA FL 32189**

TITLE **D** ☐ Delete  
NAME **HUNDLEY, IRENE**  
STREET ADDRESS **RT 1 BOX 880**  
CITY-ST-ZIP **LAKE COMO FL 32181**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition  
NAME **DANNY STACK**  
STREET ADDRESS **123 Euclid Ave.**  
CITY-ST-ZIP **LAKE COMO, FL 32157**

TITLE **V** ☒ 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 **S** ☐ Change ☒ Addition  
NAME **Noreen Murer**  
STREET ADDRESS **Po Box 344 Old 17**  
CITY-ST-ZIP **LAKE COMO, FL 32157**

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: **Yvonne S. Stack** **YVONNE S. STACK** **3-3-05** **386 649-0903**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #