


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90093 030 \*\*\*\*61.25

<b>DOCUMENT # 728945</b> 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 206 WHITE RD CRESCENT CITY, FL 32112 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01042007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2943759				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  LA-GROW, JAN 206 WHITE RD CRESCENT CITY, FL 32112			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u>Janet La Grow</u> <u>Janet La Grow</u> <u>Treas</u> <span style="float: right;">1-16-07</span> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>Filing Fee is \$81.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STACK, YVONNE		NAME		
STREET ADDRESS	123 EUCLID AVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE COMO, FL 32157		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STACK, DANNY		NAME		
STREET ADDRESS	123 EUCLID AVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE COMO, FL 32157		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAGROW, JAN		NAME		
STREET ADDRESS	206 WHITE RD		STREET ADDRESS		
CITY-ST-ZIP	CRESCENT CITY, FL 32112		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAGROW, JAMES		NAME		
STREET ADDRESS	206 WHITE RD		STREET ADDRESS		
CITY-ST-ZIP	CRESCENT CITY, FL 32112		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MURER, NOREEN		NAME	S Gladys Yettewick	
STREET ADDRESS	P.O. BOX 344 OLD 17		STREET ADDRESS	104 Foster Lane	
CITY-ST-ZIP	LAKE COMO, FL 32157		CITY-ST-ZIP	Crescent, City, FL 32112	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUNDLEY, IRENE		NAME		
STREET ADDRESS	RT 1 BOX 880		STREET ADDRESS		
CITY-ST-ZIP	LAKE COMO, FL 32181		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>Janet La Grow</u> <u>Janet La Grow</u> <u>Treas</u> <span style="float: right;">1-16-07 386-648-2358</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					