


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90029 041 \*\*\*\*61.25

|  |  |   |
|--|--|---|
| <b>DOCUMENT # 728945</b>   |  |  |
| 1. Entity Name<br>SOUTH PUTNAM COUNTY CHAPTER #1664 OF AARP,<br>INC. |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>126 HIGHLAND AVE<br>LAKE COMO, FL 32157 US | Mailing Address<br>206 WHITE RD<br>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 |

01042008 Chg-NP CR2E037 (12/06)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>59-2943759  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent         |  |
| LA-GROW, JAN<br>206 WHITE RD<br>CRESCENT CITY, FL 32112 |  |

|  |          |
|--|----------|
| 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 Jan LaGrow Treas (NOTE: Registered Agent signature required when reinstating) DATE 1-19-08

|   |   |  |
|---|---|--|
| Filing Fee is \$61.25<br>Due by May 1, 2008 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to<br>Florida Department of State |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>STACK, YVONNE<br>123 EUCLID AVE<br>LAKE COMO, FL 32157 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <del>Stack Yvonne</del> Bernice Robinson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>123 Euclid Ave<br>Lake Como, FL 32157 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>STACK, DANNY<br>123 EUCLID AVE<br>LAKE COMO, FL 32157 <input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Bob Skaffe <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>120 Smith Lane<br>Crescent City, FL 32112                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>LAGROW, JAN<br>206 WHITE RD<br>CRESCENT CITY, FL 32112 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Same <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LAGROW, JAMES<br>206 WHITE RD<br>CRESCENT CITY, FL 32112 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Same <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>YETTEWICH, GLADYS<br>104 FOSTER LN<br>CRESCENT CITY, FL 32112 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Yvonne Stack <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>123 Euclid Ave<br>Lake Como, FL 32157                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HUNDLEY, IRENE<br>RT 1 BOX 880<br>LAKE COMO, FL 32181 <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Same <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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.

SIGNATURE: Janet LaGrow DATE 1-16-08 DAYTIME PHONE # 386 698-2356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR