2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2009
Secretary of State

DOCUMENT# 728945

Entity Name: SOUTH PUTNAM COUNTY CHAPTER #1664 OF AARP, INC.

Current Principal Place of Business:

126 HIGHLAND AVE
LAKE COMO, FL 32157 US

New Principal Place of Business:

Current Mailing Address:

206 WHITE RD
CRESCENT CITY, FL 32112 US

New Mailing Address:

FEI Number: 59-2943759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LA-GROW, JAN
206 WHITE RD
CRESCENT CITY, FL 32112 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROBINSON, BERNICE
Address: 123 EUCLID AVE
City-St-Zip: LAKE COMO, FL 32157

Title: VP ( ) Delete
Name: SKAFTE, BOB
Address: 120 SMITH LN
City-St-Zip: CRESCENT CITY, FL 32112

Title: T ( ) Delete
Name: LAGROW, JAN
Address: 206 WHITE RD
City-St-Zip: CRESCENT CITY, FL 32112 US

Title: D ( ) Delete
Name: LAGROW, JAMES
Address: 206 WHITE RD
City-St-Zip: CRESCENT CITY, FL 32112

Title: S ( ) Delete
Name: STACK, YVONNE
Address: 123 EUCLID AVE
City-St-Zip: LAKE COMO, FL 32157 US

Title: D ( ) Delete
Name: HUNDLEY, IRENE
Address: RT 1 BOX 880
City-St-Zip: LAKE COMO, FL 32181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ANDES, JOHN
Address: 252 LAKE ST.
City-St-Zip: POMONA PARK, FL 32181

Title: VP (X) Change ( ) Addition
Name: HUNDLEY, IRENE
Address: RT. 1 BOX 880
City-St-Zip: POMONA PARK, FL 32181

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ROBINSON, BRENARD
Address: P.O.BOX363
City-St-Zip: LAKE COMO, FL 32157

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET LAGROW TREA 02/08/2009
Electronic Signature of Signing Officer or Director — Date