

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

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90130 043 \*\*\*\*61.25

**DOCUMENT # 728945**

1. Entity Name

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



Principal Place of Business

RT 3 BOX 160  
CRESCENT PARK FL 32112  
US

Mailing Address

RT 3 BOX 160  
CRESCENT PARK FL 32112  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

126 Highland Ave.

Suite, Apt. #, etc.

PO Box 54

City & State

Lake Como, FL

City & State

LAKE COMO, FL

Zip

32157

Country

U.S.

Zip

32157

Country

U.S.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2943759**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
206 WHITE RD  
CRESCENT PARK FL 32112

7. Name and Address of New Registered Agent

Name **YVONNE STACK**

Street Address (P.O. Box Number is Not Acceptable)

123 Euclid Avenue

City

Lake Como

FL

Zip Code

32157

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 *Yvonne Stack*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-03

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **WEIGHT, LAVANE**  
STREET ADDRESS **2809 S HIGHWAY 17**  
CITY-ST-ZIP **CRESCENT CITY FL 32112**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☒ Delete  
NAME **LAGROW, JANET**  
STREET ADDRESS **RT 3 BOX 160**  
CITY-ST-ZIP **CRESCENT PARK FL 32112**

TITLE **T** ☒ Change ☐ Addition  
NAME **YVONNE STACK**  
STREET ADDRESS **123 Euclid Avenue**  
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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **LAGROW, JIM**  
STREET ADDRESS **RT 3 BOX 160 206 White Rd**  
CITY-ST-ZIP **CRESCENT PARK FL 32112**

TITLE **S** ☒ Change ☐ Addition  
NAME **Jean Williams**  
STREET ADDRESS **107 River Road**  
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**

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 Stack* **YVONNE Stack** 2-25-03 386 649-0903

CR2E037 (10/02)