


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90102 031 ****61.25

DOCUMENT # 729185 1. Entity Name NORTHEAST ST. PETERSBURG CHAPTER #1693 OF AARP, INC.					
Principal Place of Business PICADILLY CAFETERIA 1900 34TH STREET N. ST PETERSBURG, FL 33713 US			Mailing Address BARBARA SHEASBY 5043-5TH AVE SAINT PETERSBURG, FL 33710		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C-T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LA BOMBARD, ESTELLE		NAME	Araza, Nancy	
STREET ADDRESS	420-79TH TERRACE N 303		STREET ADDRESS	5151 Isla Key Blvd. S.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702		CITY-ST-ZIP	St. Pete, FL 33713	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZEOLI, KATHERINE		NAME	Stawski, Celeste	
STREET ADDRESS	5950 5TH AVENUE NORTH		STREET ADDRESS	6489-34th Terrace N.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33710		CITY-ST-ZIP	St. Pete. FL 33710	
TITLE	PRESIDENT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEASBY, BARBARA		NAME		
STREET ADDRESS	5043-5TH AVE, N.		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33710		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZEOLI, CARMEN		NAME	Coke, Millie	
STREET ADDRESS	5950-5TH AVE, N.		STREET ADDRESS	10162-42nd Way N.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP	PINELLAS PARK, FL 33782	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEASBY, BARBARA		NAME		
STREET ADDRESS	5043 5th Ave. N.		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 another like empowered.					
SIGNATURE: <u>Barbara Sheasby - Barbara Sheasby</u> Jan. 19 2004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

04001519



01122004 Chg-NP CR2E037 (10/03)

4. FEI Number
23-7354739

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



Attachment
Doc # 729185-

54001579

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 13, 2004

CARMEN C ZEOLI
5950 5TH AVE N
ST PETERSBURG, FL 33710

SUBJECT: NORTHEAST ST. PETERSBURG CHAPTER #1693 OF AARP, INC.
Ref. Number: 729185

Upon receipt of your letter and/or check(s) totaling \$61.25, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Make the necessary correction on the approved form enclosed, sign and return for filing.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Ruby Dunlap
Document Specialist

Letter Number: 104A00002264

Attachment
Inv # 729185

54001579

Carmen C. Zeoli
5950 5th Ave. N.
St. Petersburg, FL 33710

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Att'n Glenda E. Hood

Enclosed is a check for \$61.25. This is the
State fee to register the Northeast St. Petersburg
Chapter 1693 of AARP for 2004.

Yours truly

Carmen C. Zeoli

729185