

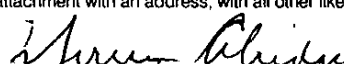


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90204 046 \*\*\*\*61.25

<b>DOCUMENT # 729484</b> 1. Entity Name <b>SILVER SPRINGS SHORES CHAPTER #1662 OF AARP, INC.</b>					
Principal Place of Business <b>C/O MIRIAM ALRIDGE 329 OAK TRACK COURSE OCALA, FL 34472</b>			Mailing Address <b>C/O MIRIAM ALRIDGE 329 OAK TRACK COURSE OCALA, FL 34472</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 24pt; font-weight: bold; margin-bottom: 10px;">60035229</div>  <div style="display: flex; justify-content: space-between; font-size: 10pt;"> <span>04272008</span> <span>Chg-NP</span> <span>CR2E037 (12/06)</span> </div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>23-7379638</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM 329 OAK TRACK COURSE OCALA, FL 34472</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <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 \$61.25 Due by May 1, 2008</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HUGHES, DOROTHY</b> <b>61 HICKORY TRACK WAY</b> <b>OCALA, FL 34472</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Thelma Jordan</b> <b>6 CLARE LN</b> <b>OCALA, FL 34472</b>
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILCIUS, JOSEE</b> <b>7 EMERALD WAY</b> <b>OCALA, FL 34472</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CAMPBELL, KATHLEEN</b> <b>10 BAHIA WAY</b> <b>OCALA, FL 34472</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ALRIDGE, MIRIAM</b> <b>329 OAK TRACK COURSE</b> <b>OCALA, FL 34472</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JORDAN, THELMA</b> <b>6 CLARE LN</b> <b>OCALA, FL 34472</b>	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUGHES, DOROTHY</b> <b>61 HICKORY TRACK WAY</b> <b>OCALA, FL 34472</b>	<input type="checkbox"/> Delete		<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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b>   <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 40%; text-align: center;"> <b>4-25-08</b>  <small>Date</small> </div> <div style="width: 20%; text-align: right;"> <b>(352) 687-4431</b>  <small>Daytime Phone #</small> </div> </div>					