

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90025 019 ****61.25

DOCUMENT # 730433 1. Entity Name GREATER CHIEFLAND CHAPTER #1840 OF AARP, INC.					
Principal Place of Business ST ALBANS EPISCOPAL CHURCH US HWY 19 N. CHIEFLAND FL 32626 US			Mailing Address 8631 NW 125 ST. CHIEFLAND FL 32626 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	4. FEI Number 23-7380135	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
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 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 _____ Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature and title must be constant)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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	VP	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	POOLE, ARLENE		NAME	RUTH BALCHUCK	
STREET ADDRESS	12690 NW 82 CT		STREET ADDRESS	8939-Holly Rd.	
CITY-ST-ZIP	CHIEFLAND FL 32626		CITY-ST-ZIP	TRENTON, FL 32693	
TITLE	P	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	HELLWIG, KATHY		NAME	POOLE, ARLENE	
STREET ADDRESS	12981 NW 92ND ST		STREET ADDRESS	12690 NW 82 CT	
CITY-ST-ZIP	CHIEFLAND FL 32626		CITY-ST-ZIP	CHIEFLAND, FL 32626	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RUTTER, JENNY		NAME		
STREET ADDRESS	8631 NW 125TH ST		STREET ADDRESS		
CITY-ST-ZIP	CHIEFLAND FL 32626		CITY-ST-ZIP		
TITLE	S	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	BALCHUCK, RUTH		NAME	HELLWIG, KATHY	
STREET ADDRESS	8939 HOLLY RD		STREET ADDRESS	12981 NW 92ND ST	
CITY-ST-ZIP	FANNING SPRINGS FL 32693		CITY-ST-ZIP	CHIEFLAND, FL 32626	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	NAZELROD, DELORES		NAME		
STREET ADDRESS	13410 NE 15TH AVE		STREET ADDRESS		
CITY-ST-ZIP	TRENTON FL 32693		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FOUTZ, DOROTHY		NAME		
STREET ADDRESS	13411 NE 18TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	TRENTON FL 32693		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: E. Genovieve Rutter, Treas. E. Genovieve Rutter 3-31-08 1102