

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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90229 006 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7380135**

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
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

*changed
5-2-2-2002*

7. Name and Address of New Registered Agent

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 required when reinstating)

DATE

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

TITLE	P	<input type="checkbox"/> Delete
NAME	COLSON, KARY	
STREET ADDRESS	803 NE 4TH ST.	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEGRAND, RICHARD	
STREET ADDRESS	7791 NE 138 LANE	
CITY-ST-ZIP	BRONSON FL 32621	
TITLE	T	<input type="checkbox"/> Delete
NAME	RUTTER, JENNY	
STREET ADDRESS	8631 NW 125TH ST	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	S	<input type="checkbox"/> Delete
NAME	BALCHUCK, RUTH	
STREET ADDRESS	8939 HOLLY RD	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAZELROD, DELORES	
STREET ADDRESS	9023 NW 128 CT.	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	D	<input type="checkbox"/> Delete
NAME	ODOM, EISIE	
STREET ADDRESS	9023 NW 128 CT	
CITY-ST-ZIP	CHIEFLAND FL 32626	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **2-11-03 352-493-4432**

CR2E037 (10/02)