


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90492 017 \*\*\*\*61.25

<b>DOCUMENT # 730853</b>					
1. Entity Name SILVER SPRINGS, FLORIDA CHAPTER #1862 OF AARP, INC.					
Principal Place of Business 191 NE 63RD CT OCALA FL 34470 US		Mailing Address 191 NE 63RD CT OCALA FL 34470 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>23-7392605</b>	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEITZ, ALICE		NAME	<i>V/P ALICE WARD</i>	
STREET ADDRESS	6535 N.E. 1ST PLACE		STREET ADDRESS	<i>1601 N.E. 36<sup>th</sup> COURT</i>	
CITY-ST-ZIP	OCALA FL 34470		CITY-ST-ZIP	<i>OCALA, FL. 34470</i>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SENIOR, GEORGIA		NAME	<i>S/P JEAN FLYNN</i>	
STREET ADDRESS	6417 NE 2ND STREET		STREET ADDRESS	<i>520 NE 63<sup>rd</sup> COURT</i>	
CITY-ST-ZIP	OCALA FL 34470-1824		CITY-ST-ZIP	<i>OCALA, FL. 34470</i>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OXSEN, JOYCE		NAME	<i>D DORIS AUGER</i>	
STREET ADDRESS	14299 SE 60TH AVE.		STREET ADDRESS	<i>4534 N.E. 12<sup>th</sup> STREET</i>	
CITY-ST-ZIP	SUMMERFIELD FL 34491		CITY-ST-ZIP	<i>OCALA, FL. 34470</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RITCHIE, ALICE		NAME	<i>D OLGA CALHOUN</i>	
STREET ADDRESS	1601 NE 36TH COURT		STREET ADDRESS	<i>2113 N.E. 50<sup>th</sup> PLACE</i>	
CITY-ST-ZIP	OCALA FL 34470		CITY-ST-ZIP	<i>OCALA, FL. 34479</i>	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SYDNEY, JOYCE		NAME	<i>D ARTHUR KENISTON</i>	
STREET ADDRESS	2701 NE 10TH ST., APT. 406		STREET ADDRESS	<i>P.O. Box 86</i>	
CITY-ST-ZIP	OCALA FL 34474		CITY-ST-ZIP	<i>SILVER SPRINGS, FL. 34489</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KUHN, NANCY		NAME	<i>D RUBY RITCHIE</i>	
STREET ADDRESS	3279 NW 47TH AVE.		STREET ADDRESS	<i>155 N.E. 64<sup>th</sup> TERRACE</i>	
CITY-ST-ZIP	OCALA FL 34482		CITY-ST-ZIP	<i>OCALA, FL. 34470</i>	
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: <i>Georgia Senior</i> (GEORGIA SENIOR) 4-21-04 (352) 236-3626					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					