

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

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

03-29-2004 90086 011 ****61.25

DOCUMENT # 732329

1. Entity Name

**PALM BEACH - LEISUREVILLE CHAPTER #2086 OF
AARP, INC.**



Principal Place of Business

113 SW 8TH PL
BOYTON BEACH FL 33426
US

Mailing Address

113 SW 8TH PL
BOYNTON BEACH FL 33426
US

2. Principal Place of Business

1832 S.W. Congress Blvd
Suite, Apt. #, etc.

3. Mailing Address

1832 S.W. Congress Blvd
Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

Boynton Beach FL

City & State

Boynton Beach FL

4. FEI Number

23-7433785

Applied For

Not Applicable

Zip

33426

Country

USA

Zip

33426

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CONNELL, GLORIA
1317 SW LAKE COURT
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name **Patricia A. McKelvey**
Street Address (P.O. Box Number is Not Acceptable)

1832 S.W. Congress Blvd.

City **Boynton Beach** FL Zip Code **33426**

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 **Patricia A. McKelvey** **Treasurer** **Patricia A. McKelvey** 3-26-04
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
Due By May 1, 2004**

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 ☒ Delete
NAME **PD VAN BUSKIRK, NORMA**
STREET ADDRESS **2386 SW 14TH AVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE ☒ Delete
NAME **TD CONNELL, GLORIA**
STREET ADDRESS **1317 SW LAKE CT**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE ☒ Delete
NAME **VD BRADEN, CAROL**
STREET ADDRESS **1705 SW 8TH ST**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE ☐ Delete
NAME **SD DIXON, JANET**
STREET ADDRESS **820 SW 18TH COURT**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☒ Delete
NAME **DC RICKER, MARY L**
STREET ADDRESS **113 SW 8TH PLACE**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **President/Director Evelyn Weicker**
STREET ADDRESS **725 S.W. 18th Court** **Boynton Beach FL**
CITY-ST-ZIP **33426**

TITLE ☒ Change ☐ Addition
NAME **Treasurer/Director Patricia A. McKelvey**
STREET ADDRESS **1832 S.W. Congress Blvd**
CITY-ST-ZIP **Boynton Beach FL 33426**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **Secretary/Director Janet Dixon**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Patricia A. McKelvey** **Treasurer** **Patricia A. McKelvey** 3/24/04 738-5625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #