


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

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90085 024 \*\*\*\*61.25

<b>DOCUMENT # 732684</b> 1. Entity Name <b>GILCHRIST COUNTY CHAPTER #2133 OF AARP, INC.</b>					
Principal Place of Business <b>214 S W 3RD AVENUE TRENTON FL 32693 US</b>			Mailing Address <b>10269 S SANTA FE AVE TRENTON FL 32693 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>NO-T APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>SCRUGGS, JAMES C 10269 S SANTA FE AVE TRENTON FL 32693</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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)</small>	
<b>FILE NOW: FEE IS \$61.25 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>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCRUGGS, JAMES C 10269 SO SANTA FE AVE TRENTON FL 32693		VPD Scruggs, James C. 10269 S Santa Fe Ave., Trenton FL 32693		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANSFIELD, MARY J. 226 SW 5TH AVE TRENTON FL 32693		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEE, JESSE 8580 SE 25TH AVE. TRENTON FL 32693		Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERTS, IRIS 1010 SOUTH MAIN ST BELL FL 32619		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, JOAN P.O. BOX 1018 TRENTON FL 32693-1018		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPE, HAROLD 4020 SE 17 T TRENTON FL 32693		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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.					
<b>SIGNATURE: Iris Roberts</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <b>4/26/04</b> Daytime Phone #: <b>(352) 463-2130</b>					