2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#736001

Entity Name: SEMINOLE RIDGE CHAPTER #2569 OF AARP, INC.

Apr 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4925 WOODLAND DR

SAINT PETERSBURG, FL 33708 US

Current Mailing Address: New Mailing Address:

4925 WOODLAND DR

SAINT PETERSBURG, FL 33708 US

FEI Number: 95-3023830 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

MOSHER, KATHY Name: MOSHER, KATHY Name: 10429 TEMPLEWAY Address: 10429 TEMPLEWAY Address: City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: SEMINOLE, FL 33772

Title: () Delete Title: SECR (X) Change () Addition BALHEIMER, FLORENCE Name: BALHEIMER, FLORENCE Name:

Address: 10871 62ND AVENUE Address: 10871 62ND AVENUE City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: SEMINOLE, FL 33772

Title: Title: **TREA** (X) Change () Addition () Delete

YODER, TINA L YODER, TINA L Name: Name: 4925 WOODLAND DR Address: Address: 4925 WOODLAND DR

City-St-Zip: SAINT PETERSBURG, FL 33708 City-St-Zip: SAINT PETERSBURG, FL 33708

() Delete Title: Title: DIR (X) Change () Addition

SOWA, TONY Name: SOWA, TONY Name: 350 WEST WINDS DRIVE Address: Address: 350 WEST WINDS DRIVE

City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: PALM HARBOR, FL 34683

Title: () Delete Title: (X) Change () Addition SOWA, ANGIE Name:

SOWA, ANGIE Name: 350 WEST WINDS DRIVE 350 WEST WINDS DRIVE Address: Address:

PALM HARBOR, FL 34683 City-St-Zip: City-St-Zip: PALM HARBOR, FL 34683

Title: () Delete Title: (X) Change () Addition

DAVID MARY DAVID, MARY Name: Name: Address: 11224 82ND AVE, # 207 Address: 11224 82ND AVE, # 207 SEMINOLE, FL 33772 SEMINOLE, FL 33772 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA L. YODER **TREA** 04/24/2009

Electronic Signature of Signing Officer or Director

Date