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

FILED
02 MAY -6 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~952051350~~ 736875

1. Entity Name
Port St. Lucie Chapter #2696 of AARP, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	181 SE LUCERO DRIVE Suite, Apt. #, etc.
City & State	PT ST LUCIE FL [illegible]
Zip / Country	34983-2066 / ST. LUCIE

4. FEI Number 95-305-1350 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
City: Plantation, FL 33324 — 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.

SIGNATURE: Connie Bryan — Connie Bryan, Special Asst. Secy. — DATE: 5/6/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE P NAME STREET ADDRESS CITY-ST-ZIP	FELICI, ANN D 4 LAKE VISTA TR. APT 204 PT.ST. LUCIE, FL 34952-638
TITLE 1VP NAME STREET ADDRESS CITY-ST-ZIP	~~ELSA~~ NEWMAN, ELSA # 702 RAMIE CT. PT.ST.LUCIE FL.34952
TITLE 2VP NAME STREET ADDRESS CITY-ST-ZIP	~~JOHN F~~. SMITH, John H. 301 SW BRIDGEPORT DRIVE PT ST LUCIE FL 34983
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	~~LINDA F~~. NELSON LINDA A. D 6811 NW HOGATE CIRCLE PT.ST.LUCIE FL 34983-1340
TITLE HCD NAME STREET ADDRESS CITY-ST-ZIP	ZIMMERMAN, SILVIA 1489 RIVERGREEN CIRCLE PT ST LUCIE FL 34952
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	ROCHE, MAE T. D 181 SE LUCERO DRIVE PT ST LUCIE FL 34983-2066

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700000546430 r — 0 -05/07/02--01008--003 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**IN THIS SPACE**
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mae T Roche — MAE T. ROCHE — 4-24-02 — ~~772~~ 878-1120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CT CORPORATION

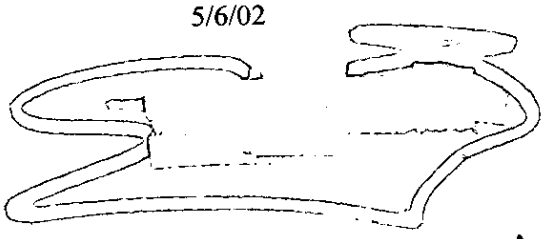
CORPORATION(S) NAME

3) Port St. Lucie Chapter #2696 of American Association of Retired Perso

( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution/Withdrawal ( ) Reinstatement	( ) Mark
( ) Limited Partnership ( ) LLC	(x) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) Change of RA ( ) UCC
( ) Certified Copy	( ) Photocopies	( ) CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	( ) After 4:30 (x) Pick Up

Name
Availability _____
Document
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

5/6/02



Order#: 5188832

kf

Ref#: _____

Amount: $_____

File 2nd

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Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615