

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

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90015 043 ****61.25

DOCUMENT # 736875

1. Entity Name

PORT ST. LUCIE CHAPTER #2696 OF AARP, INC.



Principal Place of Business

181 S.E. LUCERO DRIVE
PORT ST. LUCIE FL 34983-2066
US

Mailing Address

181 S.E. LUCERO DRIVE
PORT ST. LUCIE FL 34983-2066
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-3051350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANATATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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 **P** ☒ Delete
NAME **FELICI, ANN D**
STREET ADDRESS **4 LAKE VISTA TR. APT 204**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **EVPD** ☒ Delete
NAME **GOLDBERG, DIANE**
STREET ADDRESS **1422 SE ARENSON LA**
CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE **VP** ☒ Delete
NAME **KITSON, EIZ**
STREET ADDRESS **19 LAKE VISTA TRAIL #105**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **SD** ☒ Delete
NAME **NELSON, LINDA P**
STREET ADDRESS **6811 NW HOGATE CIRCLE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34983-1340**

TITLE **HCD** ☒ Delete
NAME **ZIMMERMAN, SILVIA**
STREET ADDRESS **1489 RIVERGREEN CIRCLE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **T** ☐ Delete
NAME **ROCHE, MAE T**
STREET ADDRESS **181 SE LUCERO DRIVE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34983-2066**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **GOLDBERG, DIANE**
STREET ADDRESS **1422 SE ARENSON LA.**
CITY-ST-ZIP **PT.ST. LUCIE FL. 34952**

TITLE **FVP** ☒ Change ☐ Addition
NAME **PILCHER, NATALIE**
STREET ADDRESS **1489 SE RIVERGREEN CIRCLR**
CITY-ST-ZIP **PT.ST.LUCIE, FL 34952**

TITLE **SVP** ☒ Change ☐ Addition
NAME **FELICI, ANN D**
STREET ADDRESS **4 LAKE VISTA TR. APT. 204**
CITY-ST-ZIP **PT, ST. LUCIE, FL 34952**

TITLE **SD** ☒ Change ☐ Addition
NAME **NEWPORT, JOYCELYN**
STREET ADDRESS **3226 S E PINTO ST.**
CITY-ST-ZIP **PT. ST. LUCIE, FL34952**

TITLE **HCD** ☒ Change ☐ Addition
NAME **CLARK, VIRGINIA**
STREET ADDRESS **2365 SE HALLAHAN ST.**
CITY-ST-ZIP **PT. ST. LUCIE, FL. 34952**

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:

MAE T. ROCHE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAE T. ROCHE TREASURER

2-6-04

Date

Daytime Phone