

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736875

FILED
Jan 10, 2005
Secretary of State

Entity Name: PORT ST. LUCIE CHAPTER #2696 OF AARP, INC.

Current Principal Place of Business:

181 S.E. LUCERO DRIVE
PORT ST. LUCIE, FL 349832066 US

New Principal Place of Business:

2237 SE NEWCASTLE TERRACE
PORT ST. LUCIE, FL 34952 US

Current Mailing Address:

181 S.E. LUCERO DRIVE
PORT ST. LUCIE, FL 349832066 US

New Mailing Address:

2237 SE NEWCASTLE TERRACE
PORT ST. LUCIE, FL 34952 US

FEI Number: 95-3051350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANATATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOLDBERG, DIANE
Address: 1422 SE ARENSON L
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: FVP () Delete
Name: PILCHER, NATALIE
Address: 1489 SE RIVERGREEN CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: SVP (X) Delete
Name: FELICI, ANN D
Address: 4 LAKE VISTA TR APT 204
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: SD () Delete
Name: NEWPORT, JOYCELYN
Address: 3226 SE PINTO ST
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: HCD () Delete
Name: CLARK, VIRGINIA
Address: 2365 SE HALLAHAN ST
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: T () Delete
Name: ROCHE, MAE T
Address: 181 SE LUCERO DRIVE
City-St-Zip: PORT ST. LUCIE, FL 349832066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PILCHER, NATALIE
Address: 40 SILVER OAK DR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: FVP (X) Change () Addition
Name: NOONE, NANCY
Address: P O BOX 7882
City-St-Zip: PORT ST LUCIE, FL 34985

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: LIZ, KITSON
Address: 19 LAKE VISTA TRAIL #105
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: DEVLIN, MARGARET
Address: 2237 SE NEWCASTLE TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34852

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NATALIE PILCHER

PRES

01/10/2005

Electronic Signature of Signing Officer or Director

Date