

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736875

FILED  
Jan 22, 2006  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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: PILCHER, NATALIE  
Address: 40 SILVER OAK DR  
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

Title: SD ( ) Delete  
Name: LIZ, KITSON  
Address: 19 LAKE VISTA TRAIL #105  
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: DEVLIN, MARGARET  
Address: 2237 SE NEWCASTLE TERRACE  
City-St-Zip: PORT ST. LUCIE, FL 34852

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

P

01/22/2006

Electronic Signature of Signing Officer or Director

Date