2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# 736875

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:

1671 SW VICTOR LANE
PORT ST. LUCIE, FL 34984 US

Current Mailing Address:

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

New Mailing Address:

1671 SW VICTOR LANE
PORT ST. LUCIE, FL 34984 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: SCHAUS, CATHERINE
Address: 1671 SW VICTOR LANE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: VP ( ) Delete
Name: CLARK, VIRGINIA
Address: 2365 SE HALLAHAN 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: 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:

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: CATHERINE SCHAUS P 04/14/2009

Electronic Signature of Signing Officer or Director — Date