

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736875

FILED
Mar 23, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

2435 N.W. LAKERIDGE DRIVE
PALM CITY, FL 34990 US

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 1882
PALM CITY, FL 34991 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
Name: ABRAHAMS, GLORIA
Address: 2435 N.W. LAKERIDGE DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: VP
Name: CLARK, VIRGINIA
Address: 2365 SE HALLAHAN ST
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

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

I hereby 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 all other like empowered.

SIGNATURE: GLORIA ABRAHAMS

PRES

03/23/2011

Electronic Signature of Signing Officer or Director

Date