

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739009

FILED
Apr 01, 2005
Secretary of State

Entity Name: WEST BOCA CHAPTER #2643 OF AARP, INC.

Current Principal Place of Business:

8392 SUNMEADOW LANE
BOCA RATON, FL 33496 US

New Principal Place of Business:

Current Mailing Address:

8392 SUNMEADOW LANE
BOCA RATON, FL 33496 US

New Mailing Address:

FEI Number: 95-3119566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, 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: 1VD () Delete
Name: FERRARA, JOHN
Address: 188 BRIGHTON E.
City-St-Zip: BOCA RATON, FL 33496

Title: 2VP () Delete
Name: SUPPA, DOMENICK
Address: 9162A SW 5TH STREET
City-St-Zip: BOCA RATON, FL 33428

Title: TD () Delete
Name: O'CONNOR, MARY
Address: 2871 N OCEAN BLVD R-642
City-St-Zip: BOCA RATON, FL 33431

Title: SD () Delete
Name: IAMPIETRO, BASIL
Address: 8618 JARED WAY
City-St-Zip: BOCA RATON, FL 33433

Title: PD () Delete
Name: BISHOW, HOWARD
Address: 8392 SUNMEADOW LANE
City-St-Zip: BOCA RATON, FL 33496

Title: ATD () Delete
Name: MAIDA, VINCENT
Address: 22561 BLUE FIN TRAIL
City-St-Zip: BOCA RATON, FL 33428

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:

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 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: HOWARD BISHOW

PD

04/01/2005

Electronic Signature of Signing Officer or Director

Date