

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90146 049 ****61.25

DOCUMENT # 742019

1. Entity Name

**NEW SMYRNA BEACH-EDGEWATER CHAPTER #3037 OF AARP
, INC.**



Principal Place of Business

P.O. BOX NO. 1871
NEW SMYRNA BEACH FL 32170

Mailing Address

P.O. BOX NO. 1871
NEW SMYRNA BEACH FL 32170

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **95-3208632**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **BALLWAGE, FRANK**
STREET ADDRESS **2217 YULE TREE DR**
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **D** ☐ Delete
NAME **SINICKI, NANCY**
STREET ADDRESS **3122 ROYAL PALM DR**
CITY-ST-ZIP **EDGEWATER FL 32141-6112**

TITLE **P** ☐ Delete
NAME **FERGUSON, WILLIAM**
STREET ADDRESS **1508 VIRGINIA AVE 111A**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **TD** ☐ Delete
NAME **O'ROURKE, RUTH**
STREET ADDRESS **132 E. CONNECTICUT AVE**
CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE **T** ☐ Delete
NAME **FERGUSON, DONNA**
STREET ADDRESS **1508 VIRGINIA AVENUE 111A**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **D** ☐ Delete
NAME **WATSON, JEANNETTE**
STREET ADDRESS **4 LAUGHING GULL LANE**
CITY-ST-ZIP **EDGEWATER FL 32141**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **BD** ☒ Change ☐ Addition
NAME **BALLWAGE, FRANK**
STREET ADDRESS **2217 Yule Tree DR.**
CITY-ST-ZIP **Edgewater, FL 32141**

TITLE **P** ☒ Change ☐ Addition
NAME **SINICKI, NANCY**
STREET ADDRESS **3122 Royal Palm DR**
CITY-ST-ZIP **Edgewater, FL 32141-6112**

TITLE **AVP** ☒ Change ☐ Addition
NAME **Ferguson, Wm.**
STREET ADDRESS **1508 Virginia Ave, 111A**
CITY-ST-ZIP **Daytona Beach FL 32114**

TITLE **VP** ☐ Change ☒ Addition
NAME **Lois Sinicki**
STREET ADDRESS **3122 Royal Palm DR**
CITY-ST-ZIP **Edgewater, FL 32141-6112**

TITLE **S** ☒ Change ☒ Addition
NAME **Fisher, Mabelle**
STREET ADDRESS **69 Sabal Cay Ct.**
CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

DONNA FERGUSON, Treas.

2/26/03 386-253-6346