2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 27, 2005 8:00 am Secretary of State **DOCUMENT # 742615** 1. Entity Name 04-27-2005 90315 048 ****61.25 BAY INDIES-VENICE CHAPTER #3057 OF AARP, INC. Principal Place of Business Mailing Address **BAY INDIES** 1165 KINGSTON WAY 950 RIDGEWOOD VENICE FL 34285 VENICE FL 34285 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 95-3221692 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete TITLE Change ☐ Addition FORTE, MARGARET NAME 1165 KINGSTON WAY STREET ADDRESS STREET ADDRESS VENICE FL 34285 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition SELL, PHYLLIS NAME NAME 903 POSADAS W. STREET ADDRESS STREET ADDRESS VENICE FL 34285 CITY-ST-ZIP CITY-ST-ZIP $\leq D$ SD KAY DIDYCZ Delete TITLE **C**hange ☐ Addition TITLE COOPER, BARBARA 977 ORINOCO E. NAME NAME 1168 KINGSTON WAY STREET ADDRESS STREET ADDRESS VENICE, FL 34285 VENICE FL 34285 CITY-ST-7IP CHY+ST-78P IST VICE PRESIDENT MC III E Addition A Delete TITLE ☐ Change BILL DIDVCZ YOUNG, LOIS NAME NAME 977 ORINOCO E. 920 POSADAS W. STREET ADDRESS STREET ADDRESS VENICE, FL 34285 VENICE FL 34285 CITY - ST - ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 2ND VICE PRESIDENT TITLE ☐ Delete TITLE ☐ Change **⊠** Addition NOR4 MEIDLING NAME NAME 952 ROSEAU AV. E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE, FL 34285 CITY-ST-ZIP

FILED

MANGARET FORTE 4/12/05 941-483-3282

changed, or on an attachment with an address, with all other like empowered.

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