


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

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90076 020 ****61.25

DOCUMENT # 743707

1. Entity Name
CALHOUN COUNTY CHAPTER #3096 OF AARP, INC.



Principal Place of Business
**18946 S R 71 N LOT 49
BLOUNTSTOWN FL 32424
US**

Mailing Address
**18946 S R 71 N LOT 49
BLOUNTSTOWN FL 32424
US**

2. Principal Place of Business
Suite, Apt. #, etc.


3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

90017381



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **94-2497554** 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 Anna L Bates DATE 1/29/2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	WILFORD, JAMES	
STREET ADDRESS	20195 W MARIE	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIFORD, ALICE	
STREET ADDRESS	20198 W MARIE	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BATES, ANNA L	
STREET ADDRESS	18946 SR 71 N LOT 49	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PAUL, PANEK	
STREET ADDRESS	PO BOX 171	
CITY-ST-ZIP	CLARKSVILLE FL 32430	
TITLE	D	<input type="checkbox"/> Delete
NAME	VEASEY, JAMES J	
STREET ADDRESS	18946 SR 71 LOT #13	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Anna L Bates

CR2E037 (10/02)