2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State
02-10-2004 90032 013 ****61.25

DOCUMENT # 758203

1. Entity Name

HIGH SPRINGS CHAPTER #3373 OF AARP, INC.

Principal Place of Business	Mailing Address
10 N.E. 2ND AVE. HIGH SPRINGS FL 32643 US	1030 SW CHERRY STREET HIGH SPRINGS FL 32643 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Mailing Address: 17496 N.W. 238th Terrace
Suite, Apt. #, etc.: High SPRINGS, FL.
City & State: 32643
Zip / Country: Alachua

4. FEI Number: 95-3656204 ☐ 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 _____ DATE

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
Due By May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T EVANOFF, MARY A 1030 SE CHERRY ST HIGH SPRINGS FL 32643	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 17496 n.w. 238th Terrace
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHNSON, JUANITA 405 NW 5 AVE HIGH SPRINGS FL 32643	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~Doris Marie Wright~~ ~~Marie Doris Wright~~ Wright, Marie Doris P.O. BOX 341 High Springs, FL. 32655 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WRIGHT, DORIS M P.O. BOX 341 HIGH SPRINGS FL 32655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SLAG, Paul 26931 N.W. 182 Ave. High SPRINGS, FL. 32643 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CHADWICH, TERESA PO BOX 265 FORT WHITE FL 32038	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Mary Ann Evanoff — February 5, 2004 — (386)454-0329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #