


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

FILED

Feb 02, 2005 08:00 AM  
Secretary of State

DOCUMENT # 758203 1. Entity Name HIGH SPRINGS CHAPTER #3373 OF AARP, INC.	
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Principal Place of Business 10 N.E. 2ND AVE. HIGH SPRINGS FL 32643 US	Mailing Address 17496 N.W. 238TH TERRACE HIGH SPRINGS FL 32643 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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1st MOORE CR2E037 (10/04)

4. FEI Number 95-3656204	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME EVANOFF, MARY A STREET ADDRESS 17496 N.W. 238TH TERRACE CITY-ST-ZIP HIGH SPRINGS FL 32643	<input type="checkbox"/> Delete	U00000211790 02/02/05-80132-020 61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD NAME WRIGHT, MARIE D STREET ADDRESS P.O. BOX 341 CITY-ST-ZIP HIGH SPRINGS FL 32655	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPD NAME SLAG, PAUL STREET ADDRESS 26931 N.W. 182 AVE. CITY-ST-ZIP HIGH SPRINGS FL 32643	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME CHADWICH, TERESA STREET ADDRESS PO BOX 265 CITY-ST-ZIP FORT WHITE FL 32038	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 - MARY ANN EVANOFF 1/24/05 (386)454-0329