2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State
02-06-2008 90030 044 ****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	17496 N.W. 238TH TERRACE HIGH SPRINGS, FL 32643 US

01132008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	8660 N.E. 50th St. Suite, Apt. #, etc.
City & State	High Springs, Fl City & State
Zip / Country	32643 / Gilchrist Zip / Country

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	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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: Wanda L. Kemp, Treasurer DATE: 2-4-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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 KEMP, WANDA L 8860 NE 50TH ST HIGH SPRINGS, FL 32643	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SALG, PAUL 26931 NW 182 AVE HIGH SPRINGS, FL 32643	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILLIAMS, DICK 125 N.W. 8th St High Springs, Fl., 32643	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DELLO-BUONO, PATRICIA P.O. BOX 1901 HIGH SPRINGS, FL 32655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SALG, PAUL 26931 N.W. 182nd Ave High Springs, Fl, 32643	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARTIN, BARBARA POB 1586 HIGH SPRINGS, FL 32655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S James, Gloria P.O. BOX 2684 High Springs, Fl, 32655	☒ 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 exemptions contained in Chapter 119, 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: Wanda L. Kemp 2-4-08 386-454-1274
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #