## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 758203**

FILED Jan 11, 2009 Secretary of State

Entity Name: HIGH SPRINGS CHAPTER #3373 OF AARP, INC.

urrent Pi	rincipal Place of	Business:	New Principal Plac	ce of Business:
0 N.E. 2N IIGH SPR	ID AVE. INGS, FL 32643	US		
urrent Mailing Address:		New Mailing Addr	ess:	
660 NE 50 IIGH SPR	0TH ST INGS, FL 32643	US		
El Number:	95-3656204 F	El Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and	Address of Curr	ent Registered Agent:	Name and Address	s of New Registered Agent:
200 SOU <sup>-</sup>	ORATION SYSTE TH PINE ISLAND I ON, FL 33324	ROAD US		
aa abaya	named antity autor			
	named entity subr e of Florida.	nits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,
the State	e of Florida.	nits this statement for the p	ourpose of changing its registe	ered oπice or registered agent, or both,
the State	e of Florida. É RE:	nits this statement for the parties that state in the parties of Registered Ag		Pred oπice or registered agent, or both,  Date
the State	e of Florida. É RE:	ignature of Registered Ag	ent	
the State	e of Florida.  RE: Electronic S	ignature of Registered Ag RS: ete	ent	Date
the State IGNATUF FFICERS tle: ame: ddress:	e of Florida.  RE: Electronic S  S AND DIRECTOF  T () Dele  KEMP, WANDA L  8860 NE 50TH ST	rignature of Registered Agr RS: ete 32643 ete	ent  ADDITIONS/CHAN  Title: Name: Address:	Date IGES TO OFFICERS AND DIRECTORS
the State IGNATUR  FFICERS tle: ame: ddress: tty-St-Zip: tle: ame: ddress:	E of Florida.  RE:  Electronic S  S AND DIRECTOR  T () Dele  KEMP, WANDA L  8860 NE 50TH ST  HIGH SPRINGS, FL  PD () Dele  WILLIAMS, DICK  125 NW 8TH ST	ignature of Registered Ag  RS: ete  32643 ete  32643	ent  ADDITIONS/CHAN  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date IGES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WANDA L. KEMP T 01/11/2009