

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758203

FILED  
Jan 10, 2012  
Secretary of State

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

**Current Principal Place of Business:**

10 N.E. 2ND AVE.  
HIGH SPRINGS, FL 32643 US

**New Principal Place of Business:**

**Current Mailing Address:**

8660 NE 50TH ST  
HIGH SPRINGS, FL 32643 US

**New Mailing Address:**

P.O. BOX 222  
HIGH SPRINGS, FL 32655 US

**FEI Number:** 95-3656204

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: LEAVITT, JANICE L  
Address: P.O. BOX 1854  
City-St-Zip: HIGH SPRINGS, FL 32655

Title: PD  
Name: JAMES, GLORIA  
Address: P.O. BOX 2684  
City-St-Zip: HIGH SPRINGS, FL 32655

Title: VPD  
Name: SALG, PAUL  
Address: 26931 NW 182ND AVE  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: S  
Name: MALTBIE, VERONICA  
Address: 130 N.E. 8TH AVENUE  
City-St-Zip: HIGH SPRINGS, FL 32643

I hereby 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 all other like empowered.

SIGNATURE: JANICE L. LEAVITT

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01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date