2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758203

1. Entity Name

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

FORT WHITE FL 32038

HIGH SPRINGS CHAPTER #3373 OF AARP, INC.

		ANII; INO	19	WE TES					
10 N.E. 2ND AVE. 1030		Mailing Address 1030 SW CHERRY STREE HIGH SPRINGS FL 32643 US	30 SW CHERRY STREET GH SPRINGS FL 32643		- 188111 18881 8	DSJ 18118 JOHN ANIAN HILL	A18:: 8:8:: 8:8:: 8:8:: 8:8::		
Principal Place of Business 3. M		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number 95-3656204			Applied For	
Zip	Country	Zip	Country		5. Certificate of St	atus Desired [Not Applicable	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Regis		160	
			Name						
1200 SO	RPORATION SYSTEM IUTH PINE ISLAND ROAD		Street Address ((P.O. Box Number is Not Acceptable)				
PLANIA	TION FL 33324		City	.			⊏I Zip Co	ide	
The above named entity submits this statement for the purpose of changing its regist the obligations of registered agent.				- .					
the obliga	tions of registered agent.	or trie purpose of changing its re	egistered office	or registere	d agent, or both, in	the State of Florida.	I am familiar with	i, and accept	
SIGNATURE	May An Evans Signature, typed or printed name of registered agent	P. MARY ANN E	JANOFF)		ef.	09/03		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent sign	ature required w	hen reinstating)		DATE		
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		RECTORS	11.		DDITIONS/CHANGE	S TO OFFICERS A	UD DIDEOTORO		
i#TLE	T	☐ Delete	TITLE	 ^	DETHONS/CHANGE	10 OFFICERS AI			
NAME	EVANOFF, MARY A	_ 5000	NAME				☐ Change	☐ Addition	
STREET ADDRESS	1030 SE CHERRY ST		STREET ADDRESS						
CITY-ST-ZIP	HIGH SPRINGS FL 32643		CITY-ST-ZIP	<u> </u>					
TITLE NAME	PD KEMP, WANDA	Delete	TITLE P.D	John	nson, Ju	eanita		Addition	
STREET ADDRESS	8660 NE E 50TH STREET		NAME STREET ADDRESS	1 405	າ.ພ. 5	ave.			
CITY-ST-ZIP	HIGH SPRINGS FL 32643		CITY-ST-ZIP	Hin	1 50m; 1	c. = =1	32642		
TITLE	VPD	Delete	TITLE VPD	1117	<u> </u>	73112	M Chann	☐ Addition	
NAME	JOHNSON, JUANIT	,	NAME	wr	ght Do	ris m,	Change	L Addition	
STREET ADDRESS CITY-ST-ZIP	405 NW 5 AVE		STREET ADDRESS	8.0	h Sprin ight, Do. Box 341			ĺ	
	HIGH SPRINGS FL 32643		CITY-ST-ZIP	\perp H^{i}	th Spr	ings, FL.	32635		
TITLE NAME	S CHADWICH, TERESA	☐ Delete	TITLE				☐ Change	☐ Addition	
	PO BOX 265		NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

☐ Delete

☐ Delete

SIGNATURE: MAINTENANT CONTRACTOR AND EUR WOFF JAN, 6, 2003 (386)454-032

CR2E037 (10/0

☐ Change

Change

Addition

☐ Addition

FILED

01-13-2003 90429 040 ****61.25

Jan 13, 2003 8:00 am Secretary of State