

2001 UNIFORM BUSINESS REPORT (UBR)

4/2:

FILED

Jun 15, 2001 8:00 am
Secretary of State

04-25-2001 90153 007 ****61.25

DOCUMENT # 763431																																							
A. Entity Name (TAX # 59-386888) LAKE WALES CHAPT 346 AARP INC.																																							
Principal Place of Business 129 E STUART AVE LAKE WALES FL 33853		Mailing Address																																					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																					
City & State		City & State																																					
Zip	Country	Zip	Country																																				
6. Name and Address of Current Registered Agent Robert E. Waring 733 Hunt Drive Lake Wales, FL 33853		7. Name and Address of New Registered Agent Name Robert E. Waring Street Address (P.O. Box Number is Not Acceptable) 733 Hunt Drive Lake Wales FL 33853 City FL Zip Code 33853																																					
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. SIGNATURE Robert E. Waring DATE 6/11/01 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing)																																							
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																					
<table border="1"> <tr> <td>TITLE PRES</td> <td>NAME HUBERT BECKER</td> <td>STREET ADDRESS 403 E CENTRAL AVE</td> <td>CITY-STATE-ZIP LAKE WALES FL 33853</td> </tr> <tr> <td>TITLE VP</td> <td>NAME LOIS HUNT</td> <td>STREET ADDRESS 800 GEORGIA AVE</td> <td>CITY-STATE-ZIP ST. CLOUD FL 34769</td> </tr> <tr> <td>TITLE SEC</td> <td>NAME SHARON BECKER</td> <td>STREET ADDRESS 403 E CENTRAL AVE</td> <td>CITY-STATE-ZIP LAKE WALES FL 33853</td> </tr> <tr> <td>TITLE TREAS</td> <td>NAME BOB WARING</td> <td>STREET ADDRESS 733 HUNT DR</td> <td>CITY-STATE-ZIP LAKE WALES FL 33853</td> </tr> <tr> <td>TITLE NOMINATIONS</td> <td>NAME FRED BOWEN</td> <td>STREET ADDRESS 1106 ST ANNE SHRINE RD</td> <td>CITY-STATE-ZIP LAKE WALES FL 33853</td> </tr> <tr> <td>TITLE DIRECTOR</td> <td>NAME ALEN SWOBODA</td> <td>STREET ADDRESS 1421 LAKEVIEW RD</td> <td>CITY-STATE-ZIP LAKE WALES FL 33853</td> </tr> </table>		TITLE PRES	NAME HUBERT BECKER	STREET ADDRESS 403 E CENTRAL AVE	CITY-STATE-ZIP LAKE WALES FL 33853	TITLE VP	NAME LOIS HUNT	STREET ADDRESS 800 GEORGIA AVE	CITY-STATE-ZIP ST. CLOUD FL 34769	TITLE SEC	NAME SHARON BECKER	STREET ADDRESS 403 E CENTRAL AVE	CITY-STATE-ZIP LAKE WALES FL 33853	TITLE TREAS	NAME BOB WARING	STREET ADDRESS 733 HUNT DR	CITY-STATE-ZIP LAKE WALES FL 33853	TITLE NOMINATIONS	NAME FRED BOWEN	STREET ADDRESS 1106 ST ANNE SHRINE RD	CITY-STATE-ZIP LAKE WALES FL 33853	TITLE DIRECTOR	NAME ALEN SWOBODA	STREET ADDRESS 1421 LAKEVIEW RD	CITY-STATE-ZIP LAKE WALES FL 33853	<table border="1"> <tr> <td>TITLE D</td> <td>NAME ELIELA BONTE</td> <td>STREET ADDRESS 1101 ST ANNE SHRINE RD</td> <td>CITY-STATE-ZIP LAKE WALES FL 33853</td> </tr> <tr> <td>TITLE D</td> <td>NAME RAY BOWMAN</td> <td>STREET ADDRESS 5111 SADDLEBAG LAKE RD</td> <td>CITY-STATE-ZIP LAKE WALES FL 33853</td> </tr> <tr> <td>TITLE D</td> <td>NAME SHIRLEY BOWMAN</td> <td>STREET ADDRESS 5111 SADDLEBAG LAKE RD</td> <td>CITY-STATE-ZIP LAKE WALES FL 33853</td> </tr> </table>		TITLE D	NAME ELIELA BONTE	STREET ADDRESS 1101 ST ANNE SHRINE RD	CITY-STATE-ZIP LAKE WALES FL 33853	TITLE D	NAME RAY BOWMAN	STREET ADDRESS 5111 SADDLEBAG LAKE RD	CITY-STATE-ZIP LAKE WALES FL 33853	TITLE D	NAME SHIRLEY BOWMAN	STREET ADDRESS 5111 SADDLEBAG LAKE RD	CITY-STATE-ZIP LAKE WALES FL 33853
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Sharon Becker		Date 4-16-01 Daytime Phone 676 3764																																					

DO NOT WRITE IN THIS SPACE

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