

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90263 008 ****61.25

DOCUMENT # 763431

1. Entity Name

LAKE WALES CHAPTER #3416 OF AARP, INC.



Principal Place of Business

**129 E STUART AVENUE
LAKES WALES FL 33853
US**

Mailing Address

**129 E STUART AVENUE
LAKES WALES FL 33853
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

10003743



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3185888**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW FEE IS \$61.25

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

TITLE **VP** ☐ Delete
NAME **HUNT, LOIS J**
STREET ADDRESS **900 REDWOOD WAY**
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **P** ☐ Delete
NAME **WARING, ROBERT**
STREET ADDRESS **733 HUNT DRIVE**
CITY-ST-ZIP **LAKE WALES FL 33858**

TITLE **TD** ☒ Delete
NAME **BOWMAN, RAYMOND C**
STREET ADDRESS **5111 SADDLEBAG LAKE RD**
CITY-ST-ZIP **LAKE WALES FL 33898**

TITLE **SD** ☒ Delete
NAME **BECKER, SHARON**
STREET ADDRESS **2730 LAKE PIERCE DR**
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **D** ☒ Delete
NAME **WARING, SHIRLEY**
STREET ADDRESS **733 HUNT DRIVE**
CITY-ST-ZIP **LAKE WALES FL 33858**

TITLE **D** ☐ Delete
NAME **LABONTE, ELEANOR**
STREET ADDRESS **1101 ST. ANNE SNRINE RD.**
CITY-ST-ZIP **LAKE WALES FL 33853**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☒ Addition
NAME **Hubert E. Becker**
STREET ADDRESS **403 E. Central Ave.**
CITY-ST-ZIP **Lake Wales, FL 33853**

TITLE **VD** ☒ Change ☐ Addition
NAME **Raymond C. Bowman**
STREET ADDRESS **5111 Saddlebag Lake Rd.**
CITY-ST-ZIP **Lake Wales, FL 33853**

TITLE **SD** ☒ Change ☐ Addition
NAME **Shirley Waring**
STREET ADDRESS **733 Hunt Drive**
CITY-ST-ZIP **Lake Wales, FL 33853**

TITLE **D** ☒ Change ☐ Addition
NAME **Sharon Becker**
STREET ADDRESS **403 E. Central Ave.**
CITY-ST-ZIP **Lake Wales, FL 33853**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE OF AGENT

4/21/03 (863) 676-3764

CR2E037 (10/02)