FILED
Jul 04, 2002 8:00 am
Secretary of State

04-30-2002 90052 027 ****61.25

37852

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765556

1. Entity Name

POINCIANA CHAPTER #3520 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
307 EDGEWOOD COURT POINCIANA FL 34759 US DELETED	504 CARLSBAD ROAD POINCIANA FL 34758 US

2. Principal Place of Business	3. Mailing Address
701 Caddy DR.	504 Carlsbad DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POINCIANA FLA	City & State: POINCIANA FLA
Zip: 34759 Country: POLK	Zip: 34758 Country: OSCEOLA

4. FEI Number 59-2810995 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~ROUSCH, ROBERT~~ 504 CARLSBAD ROAD POINCIANA FL 34758 DECEASED	Name: WINIFRED S FIELDS Street Address (P.O. Box Number is Not Acceptable): 701 E CADDY LANE City: POINCIANA FL Zip Code: 34759

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: ~~Jonathan A. Mullen~~ Winifred A. Fields 7-1-02 4-15-2002

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 Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE T NAME MULLEN, DOROTHEA STREET ADDRESS 504 CARLSBAD DR CITY-ST-ZIP POINCIANA FL 34758	☐ Delete SAME	TITLE TREASURER NAME Dorothea A. Mullen STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME REED, JUNE STREET ADDRESS 794 DEL PRADO CITY-ST-ZIP POINCIANA FL 34758	☐ Delete SAME	TITLE NAME June Reed STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE P NAME FIELDS, WINIFRED S STREET ADDRESS 701 E. CADDY LANE CITY-ST-ZIP POINCIANA FL 34759	☐ Delete SAME	TITLE PRESIDENT NAME STREET ADDRESS Winifred A. Fields CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TP NAME STEPHENS, DORIS STREET ADDRESS 6 FLAG DRIVE CITY-ST-ZIP POINCIANA FL 34759	☐ Delete SAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME BARBARA HOKAUSON STREET ADDRESS 716 PAKITE DR CITY-ST-ZIP KISSIMMEE FL 34758	☐ Delete SAME	TITLE VICE PRESIDENT SECRETARY NAME Barbara Hokauson STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED~~ 4-15-2002 407-878-0328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #