2002 UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0061155

1. Entity Name

FORT CAROLINE CHAPTER #3545 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
C/O FT CAROLINE METH CHURCH 8510 FT CAROLINE RD. JACKSONVILLE FL 32270 US	8510 FT. CAROLINE RD. JACKSONVILLE FL 32277

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 95-3789941 ☐ 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
MAC INNES, AUDREY E 4828 BEACON DR WEST ~~112 CAMARON APTS~~ JACKSONVILLE FL 32225	Name: C.T. Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 S Pine Island Rd. City: Plantation, FL. Zip Code: 33324

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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T MOSON, JOHN 6724 HEIDI RD JACKSONVILLE FL 32277	☐ Delete	Mason, John.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOMLINSON, MARILYN 3635 RIVERIDGE DR JACKSONVILLE FL 32277	☐ Delete	DS Mergenhagen Bob 6424 Waitthe Dr JAX, 32277	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS RILEY, ANNA M 1505 SHARON HILL DR JACKSONVILLE FL 32211	☐ Delete	DS Ridley, Yvette 13715 Richmond Park Dr. Hsg D JAX, 32225	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SPERLING, JACK 3335 CANCUN DR E JACKSONVILLE FL 32225	☐ Delete	DS Warren, Joe 3326 Carr, Dean Ct. W. JAX, 32277	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOSON, MADLEN 6724 HEIDE RD JACKSONVILLE FL 32277	☐ Delete	T Audrey E. Mac Innes 4828 Beacon Dr. W. Jacksonville, FL 32225	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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.