

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90075 039 ****61.25

DOCUMENT # 766360

1. Entity Name

FORT CAROLINE CHAPTER #3545 OF AARP, 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

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

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

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
Due By May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10

TITLE VPD
NAME WARREN, JOE ☐ Delete
STREET ADDRESS 3326 W. CARRIBEAN CT
CITY-ST-ZIP JACKSONVILLE FL 32277

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

TITLE PD
NAME TOMLINSON, MARILYN ☐ Delete
STREET ADDRESS 3635 RIVERIDGE DR
CITY-ST-ZIP JACKSONVILLE FL 32277

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

TITLE DS
NAME GATEWOOD, MARJORIE ☐ Delete
STREET ADDRESS 6011 S. PEELER RD
CITY-ST-ZIP JACKSONVILLE FL 32211

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

TITLE D
NAME SPERLING, JACK ☒ Delete
STREET ADDRESS 3335 CANCUN DR E
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☒ Change ☐ Addition
NAME JOHN MOSON
STREET ADDRESS 6724 HEIDE RD
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE TD
NAME SMITH, ALBERT J ☒ Delete
STREET ADDRESS 3654 MANOR OAKS DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE T ☒ Change ☐ Addition
NAME MARIE CAPOZZI
STREET ADDRESS 1964 RALEY CREEK DR, WEST
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE D
NAME MAC INNES, AUDREY E ☒ Delete
STREET ADDRESS 4828 BEACON DR. W.
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE D ☒ Change ☐ Addition
NAME TOM GLEASON
STREET ADDRESS 13934 SPANISH MARSH CT.
CITY-ST-ZIP JACKSONVILLE FL 32225

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:

Marilyn L. Tomlinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-04 (904) 744-0404