

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90146 032 ****61.25

DOCUMENT # 766360

1. Entity Name
FORT CAROLINE CHAPTER #3545 OF AARP, INC.



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

Mailing Address
**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**

☐ CHECK HERE IF MAKING CHANGES

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

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	T	<input checked="" type="checkbox"/> Delete
NAME	MOSON, JOHN	
STREET ADDRESS	6724 HEIDI RD	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TOMLINSON, MARILYN	
STREET ADDRESS	3635 RIVERIDGE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	RILEY, ANNA M	
STREET ADDRESS	1505 SHARON HILL DR	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SPERLING, JACK	
STREET ADDRESS	3335 CANCUN DR E	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MOSON, MADLEN	
STREET ADDRESS	6724 HEIDE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MAC INNES, AUDREY E	
STREET ADDRESS	4828 BEACON DR. W.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMLINSON, MARILYN H.	
STREET ADDRESS	3635 RIVERIDGE DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, JOE	
STREET ADDRESS	3326 W. CARIBBEAN CT.	
CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATEWOOD, MARJORIE	
STREET ADDRESS	6011 S. PEELER RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ALBERT J.	
STREET ADDRESS	3654 MANOR OAKS DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACINNES, AUDREY E	
STREET ADDRESS	4828 BEACON DRIVE W	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPERLING, JACK	
STREET ADDRESS	3335 CANCUN DRIVE	
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 H Tomlinson* **MARILYN H TOMLINSON**

904-744-0404

CR2E037 (10/02)