

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90751 005 ****61.25

DOCUMENT # 766873

1. Entity Name

GREATER KEYSTONE CHAPTER #3555 OF AARP, INC.



Principal Place of Business

**17702 SIMMS ROAD
ODESSA FL 33556**

Mailing Address

**17702 SIMMS ROAD
ODESSA FL 33556**

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 **95-3795770**

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 **PD** ☒ Delete
NAME **LEFIN, RUDI**
STREET ADDRESS **6514 GRAZING LANE**
CITY-ST-ZIP **ODESSA FL 33556**

TITLE **P D** ☐ Change ☒ Addition
NAME **Moorehead, Bennie**
STREET ADDRESS **15104 Arbor Hollow Dr**
CITY-ST-ZIP **Odessa FL 33556**

TITLE **TD** ☐ Delete
NAME **HETZ, CLAIRE**
STREET ADDRESS **15806 CRYING WIND DR.**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **CSD** ☐ Change ☒ Addition
NAME **Rork, Lucy**
STREET ADDRESS **18709 Wayne Road**
CITY-ST-ZIP **Odessa FL 33556**

TITLE **RSD** ☐ Delete
NAME **POLLOCK, CAROLE**
STREET ADDRESS **15806 TIMBERWOOD DR.**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **D** ☐ Change ☒ Addition
NAME **White, Betty**
STREET ADDRESS **5749 D Sailfish Dr**
CITY-ST-ZIP **Lutz FL 33549**

TITLE **CSD** ☒ Delete
NAME **PRICE, ALICE**
STREET ADDRESS **9436 EDDINGS RD.**
CITY-ST-ZIP **ODESSA FL 33556**

TITLE **D** ☐ Change ☒ Addition
NAME **Alas, Victor**
STREET ADDRESS **3202 Granada Way**
CITY-ST-ZIP **Tampa FL 33613**

TITLE **D** ☒ Delete
NAME **SKINNER, ELSIE**
STREET ADDRESS **18026 BROWN RD.**
CITY-ST-ZIP **ODESSA FL 33556**

TITLE **D** ☐ Change ☒ Addition
NAME **Murray, Barbara**
STREET ADDRESS **16567 Hutchinson Rd**
CITY-ST-ZIP **Odessa FL 33556**

TITLE **D** ☐ Delete
NAME **TORNQUIST, AUDREY**
STREET ADDRESS **8808 EDGEWOOD BLVD**
CITY-ST-ZIP **TAMPA FL 33635**

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: Bennie Moorehead, President
SIGNATURE REQUIRED

Feb. 3, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)