## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## **DOCUMENT #768254**

ALTAMONTE SPRINGS CHAPTER #3578 OF AARP, INC.



**FILED** Mar 20, 2006 8:00 am Secretary of State

03-20-2006 90015 028 \*\*\*\*61.25

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727 LITTLE WEKIVA CIR 727				ailing Address 27 LITTLE WEKIVA CIR LTAMONTE SPRINGS, FL 32714 US				1 4 <b>2 2 1 1 1 2 2 1 5 2</b> 2 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2		PIRIS GIEM ZIE	1) <b>P15</b> () <b>B1P1 39</b> 5()	PS: 01 (80)	
Principal Place of Business				ng Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02152006	Chg-NP	CR2E03	7 (11/05)		
City & State			City & S	City & State				4. FEI Number Applied For 95-3827768 Not Applicable					
Zip Country		Zip	Zip Cou		у	5. Certificate of Status Desired			SR 75 Additional				
6. Name and Address of Current Ro			Registered Ag	ered Agent			1	7. Name and Ad	Idress of New R				
C T CORPORATION SYSTEM						Name							
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324						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													
Filling Fee is \$61.25 9. Election Campaign Fit Due by May 1, 2006 Trust Fund Contribution								\$5.00 May Be Added to Fees			payable to		
10. S OFFICERS AND DIRECTORS 11.								DDITIONS/CHAN	GES TO OFFICE	RS AND DI	RECTORS IN	10	
TITLE	T ·	OFFICERS AND DIF		☐ Delete	TITLE		^	ODITIONS/CHAN	013 10 01 100	NO AND DI	☐ Change	☐ Addition	
NAME	CHASE, JEANNE			NAM		ł							
STREET ADDRESS 510 ORANGE DR #21					STREET A	NDDRESS							
CITY-ST-ZIP	Y-ST-ZIP ALTAMONTE SPRINGS, FL 32701				CITY-ST-	-ZIP							
TITLE	S			☐ Delete	TITLE	ŀ					Change	Addition	
NAME	MICHALSKI, BEA			NAME			SS 669 JAMESTOWN BLAD # 1063						
STREET ADDRESS CITY-ST-ZIP	SS   667 JAMESTOWN BLVD. #1065 ALTAMONTE SPRINGS, FL 32714				STREET ADDRESS 66			JAMESTO	MM DIADA	1065			
	D	112 01 101100, 12 321			TITLE						Change	Addition	
TITLE NAME		LO, EILEEN		☐ Delete	NAME	i					₹Z cuantic	E_T AUDIOURI	
STREET ADDRESS	2396 WESTWOOD DR.				STREET A	DORESS (	625 ROARING DR., UNIT 235						
CITY-ST-ZIP	LONGWOOD, FL 32779			CITY-ST-ZIP			ALTA	LTAMONTE SPRINGS, FL 32714					
TITLE	VPD			☐ Delete	TITLE				•		Change	☐ Addition	
NAME		ELL, C DAVID			NAME								
STREET ADDRESS					STREET A								
CITY-ST-ZIP	<b></b> _	NTE SPRINGS, FL 327		_	CITY-ST-		_					501 mm	
TITLE	D	DAV		Delete	TITLE NAME		D Spead	RS, WILLIAM	· T		☐ Change	Addition	
NAME KIMBEL, RAY STREET ADDRESS 1140 ALBERTA ST								ICKORY DE.	,				
CITY-ST-ZIP	1 4"				CITY-ST-ZIP			GWOOD, FL	32779				
TITLE	P			☐ Delete	TITLE	<del></del>		·····			Change	☐ Addition	
NAME	O'NEIL, J	OAN			NAME								
STREET ADDRESS	2011 SU	NDERLAND RD			STREET A							;	
CITY-ST-ZIP	MAITLAN	ID, FL 32751			CITY-ST-	- Z(P							

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

A. O'Neice TOAN O'NEIL PRESIDENT 2/27/06 407-260-4711 SIGNATURE: