2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #768254



FILED Apr 19, 2007 8:00 am Secretary of State

1. Entity Name ALTAMONTE SPRINGS CHAPTER #3578 OF AARP, INC.						04-19-2007 90192 039 ******61.25				
Principal Place of Business 727_LITTLE-WEKIVA CIR ALTAMONTE_SPRINGS, FL-32714 US ALTAMONTE-SPRINGS, FL 3271					, u -					
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2 (ph 1 Tuna Cinde a bb 1 Tians Cu Suite, Apt. #, etc. Suite, Apt. #, etc.				,	00440007	Chg-NP	CR2E037			
Winter Park, Flouds Winter PARK J.				اسا	4. FEI Number 95-38277		CRZEUSI	Apr	olied For Applicable	
Zip Country Zip Court 3,3,7,9,2					5. Certificate of	Status Desired		8.75 Addi		
7 00 / / .	6. Name and Address of Current Registers	. / /			7. Name and A	ddress of New Ro				
CTCORR	ORATION SYSTEM	Name	Name							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street A	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										
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campa Trust Fund Con			\$5.00 May Be Added to Fees		ake check ida Departn			
10.	OFFICERS AND DIRECTORS		11.	A	DDITIONS/CHAN	GES TO OFFICER	RS AND DIRE	CTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHASE, JEANNE 510 ORANGE DR #21 ALTAMONTE SPRINGS, FL 32701	☑ Telete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ma 53	ory Ellen	FRICKI Lector Cu	Encle C	Change	□ Addition	
TITLE	s	Delete	TULT	(acmon	apring	110	☐ Change	☐ Addition	
NAME STREET ADDRESS	MICHALSKI, BEA 669 JAMESTOWN BLVD., #1063		NAME STREET ADDRESS	鱼	, МСД2 25 б. Itanon	LNEGLE, Orange te Sus.	SH	, - <i>) A</i>		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	<u> </u>	Crity-ST-Z8P	B	/tamen	e Sps.				
TITLE NAME	NARDIELLO, EILEEN	Delete :	TITLE NAME			·	l	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	625 ROARING DR., UNIT 235 ALTAMONTE SPRINGS, FL 32714		STREET ADDRESS City-St-Zip							
TITLE	VPD /	Delete	TITLE	VP			1		Addition	
NAME STREET ADDRESS	BLACKWELL, © DAVID 727 LITTLE WEKIVA CIRCLE		name Street adoress	$\lambda, \lambda \Gamma$	ést Jea	~ 0.				
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP	20h	1 Sunde	Sant Koy	sida	3175	1	
TITLE	D	☐ Delete	TITLE			(27042)		☐ Change	Addition	
NAME CIRCLE ADDRESS	SPEARS, WILLIAM T		NAMÉ OTREET ARONGO							
STREET ADORESS CITY-ST-ZIP	219 HICKORY DR LONGWOOD, FL 32779		STREET ADDRESS CITY-ST-ZIP							
TITLE	P	Delete _	tmre .	P		2000 0	1	☑ Change	Addition	
NAME	O'NEIL, JOAN		NAME	WA	LLEN, I	HEBLIE	, ,	<u>-</u>	=	
STREET ADDRESS CITY-ST-ZIP	2011.S <u>UNDERLAND RD</u> MAITLAND, FL-32751		STREET ADORESS CITY-ST-ZIP	26	مع ما اما	7 local	≈ 327	92		
TITLE NAME O'NEIL, JOAN STREET ADDRESS CITY-ST-ZP MAITLAND, FL-32751 12. 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 supplierrental 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 trusted 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 gropovered.										

Wallen

SIGNATURE AND TYPED OR PROVIDED HAME OF SIGNANG OFFICER OR DIRECTOR

SIGNATURE: