

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 768254

1. Entity Name
ALTAMONTE SPRINGS CHAPTER #3578 OF AARP, INC.



Principal Place of Business
**2661 TIERRA CIRCLE
WINTER PARK, FL 32792 US**

Mailing Address
**2661 TIERRA CIRCLE
WINTER PARK, FL 32792 US**

FILED
08 NOV -4 AM 10:37
CLERK OF THE COURT
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10242008 REIN-NP CR2E099 (1/07)

City & State

City & State

4. FEI Number
95-3827768

Applied For
Not Applicable

Zip

Country

Zip

Country

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
After January 1, 2009, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete
NAME **FRICKIE, MARY ELLEN**
STREET ADDRESS **530 MAPLE OAK CIRCLE UNIT 122**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

☐ Change ☐ Addition
400137600914
11/04/08--01009--010 **\$1.25

S ☐ Delete
NAME **MCDUNEGOLE, JUDITH**
STREET ADDRESS **425 S. ORANGE ST**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

☐ Change ☐ Addition

D ☐ Delete
NAME **NARDIELLO, EILEEN**
STREET ADDRESS **625 ROARING DR., UNIT 235**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

☐ Change ☐ Addition

V ☒ Delete
NAME **O'NEIL, JEAN**
STREET ADDRESS **20H SUNDLAND RD**
CITY-ST-ZIP **MAITLAND, FL 32751**

☐ Change ☒ Addition
VP BEA Michalski
634 LAUREL OAK LANE
ALTAMONTE SPRINGS, Florida 32701

D ☐ Delete
NAME **SPEARS, WILLIAM T**
STREET ADDRESS **219 HICKORY DR**
CITY-ST-ZIP **LONGWOOD, FL 32779**

☐ Change ☐ Addition

P ☐ Delete
NAME **WALLEN, RAEBURN**
STREET ADDRESS **2661 TIERRA CIRCLE**
CITY-ST-ZIP **WINTER PARK, FL 32792**

☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/08

11/5/08