

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768254

FILED  
Apr 08, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2661 TIERRA CIRCLE  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

727 LITTLE WEKIVA CIRCLE  
ALTAMONTE SPRINGS, FL 32714 US

**Current Mailing Address:**

2661 TIERRA CIRCLE  
WINTER PARK, FL 32792 US

**New Mailing Address:**

727 LITTLE WEKIVA CIRCLE  
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 95-3827768

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: FRICKIE, MARY ELLEN  
Address: 530 MAPLE OAK CIRCLE UNIT 122  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S ( ) Delete  
Name: MCDUNEGOLE, JUDITH  
Address: 425 S. ORANGE ST  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete  
Name: NARDIELLO, EILEEN  
Address: 625 ROARING DR., UNIT 235  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V ( ) Delete  
Name: BER, MICHALSKI  
Address: 634 LAUREL OAK LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete  
Name: SPEARS, WILLIAM T  
Address: 219 HICKORY DR  
City-St-Zip: LONGWOOD, FL 32779

Title: P ( ) Delete  
Name: WALLEN, RAEBURN  
Address: 2661 TIERRA CIRCLE  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: COUSINS, SHIRLEY  
Address: 2405 FALLING ACORN CIRCLE  
City-St-Zip: LAKE MARY, FL 32746

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: BEA, MICHALSKI  
Address: 634 LAUREL OAK LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: BLACKWELL, RUTH  
Address: 727 LITTLE WEKIVA CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH BLACKWELL

P

04/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date