

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90308 038 ****61.25

DOCUMENT # N03822	
1. Entity Name PINECASTLE CHAPTER #3696 OF AARP, INC.	

Principal Place of Business COMMUNITY CENTER 621 WIKES AVE. ORLANDO, FL 32809 US	DELETE	Mailing Address 5108 LOURVE ORLANDO, FL 32-812? US	DELETE
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2. PLACE OF BUSINESS AMERICAN LEGION HALL 529 FAIRLANE AVE ORLANDO, FL 32809 USA	3. MAILING ADDRESS 2505 WINDWARD CT ORLANDO, FL 32805 USA
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06302004 Chg-NP CR2E037 (10/03)

4. FEI Number 33-0043508	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T-CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when amending) DATE _____

Filing Fee is \$61.25 Due by September 8, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NANCY TROUT 824 HAWKES AVE ORLANDO, FL 32809 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID MILLER 2306 MACE ST ORLANDO, FL 32839 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEWART MC NELLY 5130 BELLEVILLE AVE ORLANDO, FL 32812 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERTHA ARMACOST 6610 MATCHETT RD ORLANDO, FL 32809 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERTHA ARMACOST 6610 MATCHETT RD ORLANDO, FL 32809 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STUART MCNEELY 5130 BELLEVILLE AVE ORLANDO, FL 32812 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEO ARMACOST 6610 MATCHETT TD ORLANDO, FL 32809 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAULINE VARNER 2505 WINDWAR CT ORLANDO, FL 32805 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Pauline Varner (PAULINE VARNER) 4-14-05 401-843-1882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #