

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03822

FILED  
Jul 05, 2007  
Secretary of State

Entity Name: PINECASTLE CHAPTER #3696 OF AARP, INC.

**Current Principal Place of Business:**

AMERICAN LEGION HALL  
529 FAIRLANE AVE  
ORLANDO, FL 32809 US

**New Principal Place of Business:**

**Current Mailing Address:**

2505 WINDWARD CT  
ORLANDO, FL 32805 US

**New Mailing Address:**

FEI Number: 33-0043508      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: PD ( ) Delete  
Name: LOUCHE, JANICE  
Address: 7416 BOISE  
City-St-Zip: ORLANDO, FL 32809 US

Title: VP ( ) Delete  
Name: SHEETS, LOUISE  
Address: 5427 HANSEL #N9  
City-St-Zip: ORLANDO, FL 32809

Title: SD ( ) Delete  
Name: MCNEELY, STUART  
Address: 5130 BELLEVILLE AVE  
City-St-Zip: ORLANDO, FL 32812

Title: TD ( ) Delete  
Name: VARNER, PAULINE  
Address: 2505 WINDWARD CT  
City-St-Zip: ORLANDO, FL 32805

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

Title: PD (X) Change ( ) Addition  
Name: LOUCHE, JANICE  
Address: 7416 BOISE  
City-St-Zip: ORLANDO, FL 32809 US

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

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

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

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: PAULINE VARNER

TD

07/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date