

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

8 Sep 02, 2008 8:00 am
Secretary of State

08-13-2008 90003 011 ****61.25

DOCUMENT # N03822 1. Entity Name PINECASTLE CHAPTER #3696 OF AARP, INC.					
Principal Place of Business AMERICAN LEGION HALL 529 FAIRLANE AVE ORLANDO, FL 32809 US				Mailing Address 2505 WINDWARD CT ORLANDO, FL 32805 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 _____	
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 reissuing)					
Filing Fee is \$81.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOUCHE, JANICE ☐ Delete 7418 BOISE ORLANDO, FL 32809				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHEETS, LOUISE ☐ Delete 5427 HANSEL #N9 ORLANDO, FL 32809				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCNEELY, STUART ☐ Delete 5130 BELLEVILLE AVE ORLANDO, FL 32812				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VARNER, PAULINE ☐ Delete 2505 WINDWARD CT ORLANDO, FL 32805				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
☐ Change ☐ Addition					
SD RUBY LOUCHE ☒ Change ☐ Addition 7418 BOISE ORLANDO, FL 32809					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ 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: <u>Pauline Varner</u> <u>Treasurer</u> <u>8-27-08.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



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