

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90612 006 \*\*\*\*61.25

**DOCUMENT # N03822**

1. Entity Name

**PINECASTLE CHAPTER #3696 OF AARP, INC.**



Principal Place of Business

**AMERICAN LEGION HALL  
529 FAIRLANE AVENUE  
ORLANDO FL 32809  
US**

Delete

Mailing Address

**824 HAWKES AVENUE  
ORLANDO FL 32809-6409  
US**

Delete

**60020545**



2. Principal Place of Business

**Community Center**

Suite, Apt. #, etc.

**621 Wilkes Ave**

**Orlando FL**

**Zip  
32809**

**Country  
USA**

3. Mailing Address

**5108 Louvre**

Suite, Apt. #, etc.

**Orlando FL**

**Zip  
32812**

**Country  
USA**

☒ CHECK HERE IF MAKING CHANGES

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

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**

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 **PD** ☒ Delete  
NAME **VARNER, PAULINE**  
STREET ADDRESS **2505 WINDWARD CT**  
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **SD** ☒ Delete  
NAME **ARMACOST, BERTHA**  
STREET ADDRESS **5130 BELLEVILLE AVE**  
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **TD** ☒ Delete  
NAME **BARR, MARGARET**  
STREET ADDRESS **866 HAWKINS AVE**  
CITY-ST-ZIP **ORLANDO FL 33809**

TITLE **HDLD** ☒ Delete  
NAME **MILLER, ALVA**  
STREET ADDRESS **2306 MACE ST.**  
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President, Director** ☒ Change ☐ Addition  
NAME **Russ Robinson**  
STREET ADDRESS **5108 Louvre**  
CITY-ST-ZIP **Orlando FL 32812**

TITLE **Vice President-Director** ☒ Change ☐ Addition  
NAME **Bertha Armacost**  
STREET ADDRESS **6610 Matchett Road**  
CITY-ST-ZIP **Orlando FL 32809**

TITLE **Sectary Director** ☒ Change ☐ Addition  
NAME **Stewart Mc Nelly**  
STREET ADDRESS **5130 Belleville Ave.**  
CITY-ST-ZIP **Orlando FL 32812**

TITLE **Treasurer Director** ☒ Change ☐ Addition  
NAME **Leo M. Armacost**  
STREET ADDRESS **6610 Matchett Road**  
CITY-ST-ZIP **Orlando FL 32809**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Leo M. Armacost, Treasurer**

14 April 2003

407-857-2256

CR2E037 (10/02)