

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19846

FILED  
Jul 10, 2004  
Secretary of State

Entity Name: ST. CLOUD CHAPTER #4001 OF AARP, INC.

**Current Principal Place of Business:**

% ETHEL T. YOUNG  
1950 RUNNING HORSE TRAIL  
SAINT CLOUD, FL 34771

**New Principal Place of Business:**

**Current Mailing Address:**

% ETHEL T. YOUNG  
1950 RUNNING HORSE TRAIL  
SAINT CLOUD, FL 34771

**New Mailing Address:**

FEI Number: 33-0177108

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: S ( ) Delete  
Name: BASSETT, MARIE  
Address: 6520 BAY SHORE  
City-St-Zip: SAINT CLOUD, FL 34771

Title: P ( ) Delete  
Name: CLEMENTS, DIANA  
Address: 1615 MISSOURI AVE  
City-St-Zip: SAINT CLOUD, FL 34769

Title: D ( ) Delete  
Name: WEDDLE, PAULINE  
Address: 2223 17TH STREET  
City-St-Zip: SAINT CLOUD, FL 34769

Title: D ( ) Delete  
Name: PERKINS, LOVELACE  
Address: 1414 ALABAMA AVENUE  
City-St-Zip: SAINT CLOUD, FL 34769

Title: T ( ) Delete  
Name: YOUNG, ETHEL  
Address: 1950 RUNNING HORSE TRAIL  
City-St-Zip: SAINT CLOUD, FL 34771

Title: D ( ) Delete  
Name: TUTHELL, CATHYERINE  
Address: 1913 PINES COURT  
City-St-Zip: SAINT CLOUD, FL 34769

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

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

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

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

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 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 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: ETHEL YOUNG

T

07/10/2004

Electronic Signature of Signing Officer or Director

Date